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Accent on Youth

For more than one reason the month of May seems to belong to nurses. Florence Nightingale's birthday falls on the twelfth and graduation ceremonies in schools of nursing have a way of clustering round it.

We have an idea that if she could watch Canadian pupil nurses at work she would be proud of her inheritors. It is they who have endured the heat and burden of the day and have put their strong young shoulders to the wheel with gaiety and good will. They have cheerfully done all sorts of work that could certainly not be called nursing but which kept their wards clean and cheerful. They have stayed on duty without a murmur, evening after evening, until the work was done. They have taken an extra term of night-duty (sometimes two or three of them) and made no fuss about it.

Over and above all this, they have displayed a capacity for leadership and initiative that has gone far to offset the dislocation and distress caused by the withdrawal of head nurses for military service. Senior students have taken charge of wards and given an excellent account of themselves. At night they have faced up to emergencies with courage and resourcefulness. Most significant of all, they seem to have escaped the blight of weariness and boredom that sometimes marred the later months of training in the pre-war years.

This state of mind had become a source of anxiety to many superintendents of nurses and was increasingly difficult to overcome. Judging from the experience of the past two or three years it looks as though the bearing of added responsibility might be a wholesome antidote. Does this imply that fewer head nurses are needed? By no means. But it does suggest that, even under normal conditions, we must work out a plan whereby these senior students may continue to develop latent capacities for leadership and initiative.

In the meantime, all honour to the pupil nurses in every hospital in Canada. They have stood in the breach and manned the walls and kept the Flag flying.

— E. J.

The New Editor of the Journal

Members of the Canadian Nurses Association are pleased to learn of the appointment of Miss Margaret Kerr as editor and business manager of *The Canadian Nurse*.

Miss Kerr is well known to many nurses in Canada, and particularly in the province of British Columbia where she has made a valuable contribution in her position in the Department of Nursing and Health, University of British Columbia, a post which she has held since 1929. Students in the public health nursing field who have had the good fortune to be associated with Miss Kerr cla m her as an inspiring and forceful teacher, a kind counsellor and friend.

Photo by R. H. Marlow
MARGARET KERR

The new editor's ability in organization work has been proven through her leadership of professional and voluntary groups. As national chairman of the Public Health Nursing Section for six years and as president of the Registered Nurses Association of British Columbia, she has demonstrated a deep interest in, and knowledge of, nursing affairs.

Miss Kerr is of Scottish and Irish parentage, and her personality reflects the outstanding characteristics of her sturdy heritage: good health and physical vigour, a keen mind, friendliness, sincerity, enthusiasm, a sense of humour and determination in all that she undertakes. She possesses high academic and professional qualifications and holds the degree of Bachelor of Applied Science (Nursing) from the University of British Columbia and that of Master of Arts from Columbia University.

Miss Kerr will come to National Headquarters on May 1, to be associated for two months with the retiring editor and business manager before officially assuming her responsibilities. She will attend the General Meeting of the Canadian Nurses Association in Winnipeg in her new capacity.

A warm welcome awaits Miss Kerr upon her arrival in Montreal. She comes to her new position with the full assurance of the support and good wishes of the Canadian Nurses Association.

MARION LINDEBURGH
President
Canadian Nurses Association.

A Hundred Years in St. Boniface

SISTER MARY MURPHY, S.G.M., R. N.

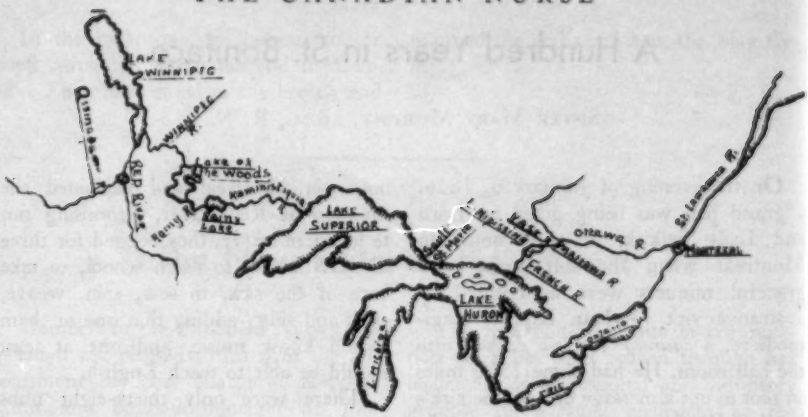
On the evening of January 6, 1816, a grand ball was being given by Lord and Lady Selkirk, in their home in Montreal when the soft music and graceful minuets were interrupted by a strange visit — Jean Baptiste Lagimodière, a *coureur des bois* dashed into the ball room. He had come 1500 miles on foot to put a message in Lord Selkirk's hands. Rival fur-traders and hostile Indians were threatening the existence of the colony Lord Selkirk had founded at the forks of the Red River and the Assiniboine in 1812. The governor of the far-away colony had sent for help and military protection.

As a token of gratitude, Lord Selkirk invited the *coureur des bois* to mention the favour he most desired, in return for his service. Digging down into the pocket of his buckskin coat he brought out another letter. It was from the Catholics of the lonely colony — asking for priests. Lord Selkirk read it, bowed his head thoughtfully and said: "Yes, you shall have priests, the greatest need of my colony is religion".

Consequently, the Mission of St. Boniface was established in 1818 on the east bank of the Red River, by Father Joseph Norbert Provencher, who later became the first Bishop in the west. He found it exceedingly hard to better the lot of the poor people, especially the nomad Indians and halfbreeds. From the outset he was convinced of the need of nuns to teach the children, and train the young women to become housekeepers and home-makers. In 1843 he went to Montreal and while telling his troubles to Bishop Bourget the latter exclaimed: "You need Grey Nuns up in that country — they never refuse anything — let us go and ask them", and the bishops went to our old motherhouse in Montreal and explained the situation at Red River. Promising not to let them starve, they begged for three Grey Nuns — to teach school, to take care of the sick, to sew, spin, weave, cook and sing; adding that one of them should know music, and one at least should be able to teach English.

There were only thirty-eight nuns in the community at the time, and they had never founded a mission. After a month of calm deliberation and earnest prayer, they reached a decision. All were in favour of the foundation, and from the many volunteers, four were elected as follows: Sister Marie Louise Valade, Superior ,aged 35; Sister Marie Marguerite Eulalie Lagrave, aged 36; Sister Anasthasie Gertrude Coutlee (St. Joseph), aged 24; Sister Hedwidge Lafrance, aged 26. Among them, they possessed the talents desired by the Bishop. Sister Lagrave having "a good knowledge of medicine" was designated for the care of the sick. On November 7, 1843, preparations were begun "to leave Canada" the following spring.

After bidding farewell to all they held dear, the four Grey Nuns set out on April 24, 1844. The chronicles say "the parting was very sad". The trip was made in two canoes belonging to the Hudson's Bay Company. A gentleman of the Company travelled with them, of whom it is noted "he was very kind". The canoes were unmoored and bounded out in the sparkling water while the *voyageurs* sang their gayest song to cheer the Sisters. Off they went down the Ottawa River, Mattawa River, Vase River, Lake Nipissing, French River, Lake Huron, Lake Superior, Kaministiquia River, Rainy Lake; Rainy River, Lake of the Woods, Winnipeg River, Lake Winnipeg, and Red River.



The journey by canoe and portage from Montreal to St. Boniface

The route their baggage took was different. Loaded into a steamship belonging to the Hudson's Bay Company, it was sent to England, then back across the Atlantic in the direction of Greenland, down Hudson Strait, into Hudson Bay, down another river into Lake Winnipeg, and down to Red River.

The Sisters' trip took fifty-nine days and, like all pioneer trips, it was hard. Some days it stormed and rained, other times the heat of the sun was hard to bear. Shooting the rapids terrified the Sisters. There were seventy-eight portages to make, which meant everyone had to get out, carry their things overland from one river to another, sometimes quite a distance. The mosquitoes were bad in the camping places, the nights were chilly, the ground was hard to sleep on, and the noises of wild animals often awakened them.

From the many notes left to us about the trip, let us recall only a few. "It makes my heart ache", says one, "to see the men putting harness on, to pull the cargoes across the portages, but there is no other way". Another writes: "Last night we camped near an Indian village. We were a real curiosity for the natives, and they came to visit us. We entertained them by singing. They were at the river bank to see us off this morning, at four o'clock". Again we read: "We are enjoying the scenery and we read or sing as we paddle along; sometimes we knit or do fancy-work". But they had one great trial. On the shore of Lake Huron, Sister Lagrave sprained her ankle and was unable to bear her weight on it for the rest of the trip. This was very trying for everyone. At Fort William a new Captain took over who flatly refused to take her any further. They argued about it for a whole day. In the end they brought her.

Towards the last, everyone became restless and anxious to see St. Boniface. Food began to give out and the Sisters tasted pemmican (buffalo meat) for the first time. When it was suggested that they delay a day, in order to notify Bishop Provencher of their coming, the Sisters would not hear of it. Pushing on to their destination they reached St. Boniface on June 21, 1844, at one o'clock in the morning. The Bishop had planned a gala reception, in keeping with the customs of the day. Everybody was to be lined up on the river bank. Cannons were to go off, and the church bells were to ring. We can imagine his surprise when aroused in the middle of the night and told the Sisters had arrived. No doubt he was a little disappointed about the reception that was not to be,

but good Bishop Provencher hastened joyfully to welcome the Grey Nuns. Father Mayrand was with him, carrying a friendly lantern.

Although the Sisters' first concern was teaching, we will pass it over and glance at early nursing activities. Epidemics! Epidemics! The first to occur after the arrival of the Sisters was in 1846. They closed their school and ministered to the sick and dying throughout the land. They describe it as "an epidemic of dysentery and measles". An old record states: "In the space of three weeks, Bishop Provencher buried 96 persons young and old". In 1854 and 1856 mention is made of widespread epidemics of whooping-cough, scarlatina and influenza. From year to year note is made of fevers, vaguely described as: slow fever, bilious fever, malarial fever, and trembling fever. There was no hospital at the beginning. When Sister Lagrave put her crutches aside in October 1844, she began visiting the sick in their homes, going in a Red River cart to those living far out. In a report on the first decade (1844-1854) it is stated the Sisters had made 6000 visits to the sick in their homes.

What did the Sisters, the first nurses in the west, do for their patients? It is true, in the face of severe epidemics, not only the Sisters, but the world itself was helpless. Otherwise, their nursing field was very useful and interesting. They introduced hygiene by educating the natives to keep themselves and their homes as clean as could be expected at that period. For the very ill, they did as our nurses do today — they made their patients comfortable. Medicine was a highly developed art, not only among the natives, but among white people too. Nearly every plant that grew on the prairie had a special virtue, many of them extremely effective. Wild mint, golden rod, gentian, plantain, blood root, pumpkin seeds, rose berries, wild strawberries, corn tassels, rhubarb, dandelion, black currants, milk-weed, cherry bark, spruce sap, and a host of other

The Sisters travel by Red River cart

things were made into poultices, ointments, and tasty concoctions, each for a specific ailment. If the patient needed a "turkish bath" they put a real hot stone in a bucket of water and "*sizz*" the steam was on.

"L'Hôpital Général de St. Boniface" was opened in 1847. It had been under construction practically since the arrival of the Sisters and the set-backs it encountered would fill a volume. It was a very good house, and the only one the Grey Nuns had at Red River for a number of years. It is the present Provincial House. Like our Motherhouse in Montreal, it was always open to the poor and the sick and the orphaned. Even when the Sisters moved in, it is recorded they brought two old ladies with them. The Register of the inmates and patients admitted and treated since 1847 has come down to us. A form of diagnosis is attached to each case. Turning the pages, we find the terms ulcers, paralysis, exhaustion, sore eyes, cancer, inflammatory rheumatism and inflammation of the lungs, the last term obviously being tuberculosis in many cases.

There was also the old age group — one 96 years, another 98 years — and

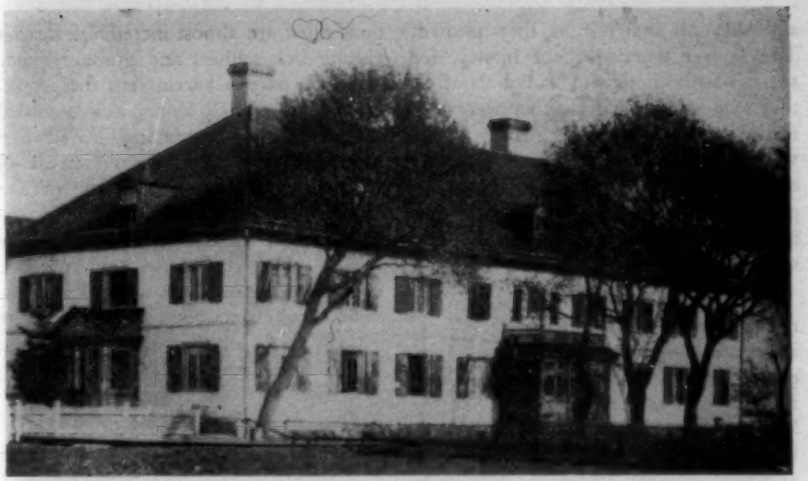
Hospital set aside from 1871 *to* 1877 *for the care of the sick.*

Granny Micouche who declared she was 120. Social service cases were not lacking. In 1858, a young widow with five children asked for shelter. They had come a great distance and the door was opened wide to receive them. The old book says: "The little widow is a great help to us as she is a good hand at making moccasins." In those days everybody in the west wore them — including the Sisters.

In 1860, Reverend Father Goiffon, a young French priest, was lost in a terrible blizzard and was badly frozen. Brought to St. Boniface, both legs were amputated by the doctors from Fort Garry. The patient not only recovered, but procured wooden legs and continued his missionary career. When the new St. Boniface Cathedral was opened in 1908, he walked in the procession.

The first four Grey Nuns lived to see their efforts blessed, while many other Sisters came to meet the needs of the foundation. Sister Lagrave died in 1859 of cardiac failure. Sister Valade died in 1861 of cancer. Sister St. Joseph and Sister Lafrance both lived to a ripe old age and, enjoying good memory to the end, handed down the treasured stories of the past. They are all buried in St. Boniface. And now here is the story of Sister St. Theresa. She was born in St. Andrew's parish in old Glengarry, and became a nun at the early age of sixteen. When she came to Red River in 1855, Sister Lagrave's health was failing so Sister St. Theresa took over the visiting of the sick. Like Sister Lagrave, she was called "Sister Doctor" by the people, as the word nurse seems not to have been used then.

Sister St. Theresa had "only been loaned for five years" by the Grey Nuns of Ottawa to Red River but, when Sister Lagrave died in 1859, the Superiors asked for an extension on Sister St. Theresa's time. Permission was refused and orders being orders, Sister St. Theresa and her companion, Sister St. Marie,



"L'Hôpital Général de St. Boniface", opened in 1847, *now the Provincial House of the Grey Nuns.*

left with Bishop Grandin to join a caravan going east. But the many half-breeds who lived in the settlement and the surrounding district took a hand in the affair. First they requested the Superior to have Sister St. Theresa stay, then they interviewed the Bishop. It was explained that Sister St. Theresa had to go and nothing could be done about it. "Nothing could be done about it! The very idea!" Such seems to be the modern version of what the half-breeds said. The little party, wending its way to Pembina, stopped to prepare the mid-day meal at the wayside. What was their surprise to see a group of horsemen coming around the bluff. The chronicles state: "There were fifteen of the most important halfbreeds in the settlement". Dismounting, they made a circle around Sister St. Theresa, and the Chief said in a very solemn tone of voice: "Sister, you are our prisoner, come with us, we will not harm you". We are told that the men looked very determined and the Sister had nothing to do but obey. Conducting her to another Red River cart they had waiting nearby, they had her step in. Having Miss Celeste Lagimodière for her companion, the fifteen braves escorted them back, reaching "L'Hôpital Général de St. Boniface" just as the sun went down. Sister St. Theresa died in St. Boniface on November 4, 1917.

Although it is impossible to mention all the old Sisters, we must not omit Sister Laurent. Coming from Montreal as a very young Sister, she lived in St. Boniface for seventy-six years. She devoted herself to the care of the sick and was known far and wide. A story is told of a teacher who asked her young pupils what charity was. A little child stood up and said "Sister Laurent is charity". Names of other pioneer Sisters (to about 1861) are as follows: Sisters Connolly, Cusson, Withman, Gosselin, Fisette, L'Esperance, Curran, Mary-Xavier (Dunn), Dussault, Roval, Clapin, Ethier, Sobiensky, and Meilleur. They all lived to a grand old age.

The old days had their charm. The valley was a grand place to live in when the weather was fine. The people were kind-hearted, everybody felt at home,

and they all did just as they pleased. They never worried about money, for there wasn't enough to worry about. If they made a decent living they were perfectly satisfied. So what matter if we were snowed in all winter, flooded out every spring, and pestered by grasshoppers in the summertime? "Why look on the black side of things?" the old timers seemed to say.

Although the Sisters were usually left to their own devices in tending the sick, it is certain they adhered to the advice of Ecclesiasticus: "Honour the physician for the need thou hast of him; for the Most High hath created him." Frequently the Sisters sought and received advice and help from the doctor at Fort Garry. In 1846, two carpenters fell from the roof into the cellar of the new convent, then being built. We are told the doctor came at once, in a canoe, and the patients recovered. Mention is also made of the doctor supplying medicine during an epidemic. In 1859, Dr. John Dunn is referred to in the chronicles as "a faithful friend to the Grey Nuns for a number of years".

The Sisters had their hands full in the sixties and seventies. The number of visits made to the sick and the prescriptions filled are almost incredible. Besides visiting sick soldiers and prisoners, they also took part in vaccinating the people. In the year 1870 alone, it is recorded that the Sisters vaccinated 3,232 persons because there was an outbreak of smallpox up north. Epidemics were a terrible hardship. The white settlers as well as the natives had their share of sorrow. One old-timer told me she had four little brothers who all died the same week from black diphtheria. Her father had to dig their graves, and bury them himself in the darkness of night. Old days were like that.

An early graduating class and an intern

In 1870 the country passed out of the hands of the Hudson's Bay Company, and became a part of the Dominion of Canada, receiving the name of Manitoba. The white population was rapidly increasing and the Grey Nuns found it necessary to set a house aside for the exclusive care of the sick. It accommodated four patients only but that wee hospital was destined to become the St. Boniface Hospital we know today.

Sometimes we must go abroad to find out what is happening at home. Disregarding time and place, let us be off. *England* in 1844 — "If I should determine to study nursing and devote my life to that profession do you think it would be a terrible thing?" That is Florence Nightingale speaking — God bless her!

France — do you see that young chemist dabbling in a wine vat, trying to find out why the wine went sour? That is Louis Pasteur. Listen to what a text book says about him: "The development of modern bacteriology began with the work of the great French scientist, Louis Pasteur, whose life probably had more influence on future generations than any man that lived except Christ".

England in 1867 — The father of modern surgery, Lord Lister, is speaking: "Inflammation and pus formation in wounds must be due to micro-organisms and therefore can be prevented

The Graduation Procession in 1942.

if the micro-organisms are rigidly excluded from the wounds".

Germany in 1895 — listen to Mrs. Rontgen scolding her husband because he came home late for supper. "But, my dear" he explains "I discovered something". So he had. It was the x-ray.

If we could continue our roaming we would find all the wonders of the new century in preparation: anaesthetics, serums, anti-toxins, radium, electricity, telephones, and many other marvels that were soon to revolutionize the care of the sick, especially in hospitals. The coming of the first railway in 1878 opened the way for settlers, immigrants and homesteaders. The four-bed hospital of 1871 was replaced by one of ten beds in 1877. Then the first part of the present structure was erected with a capacity of sixty beds. A newspaperman of 1887 describes it as "not only spacious and modern, but even elegant".

But the time had come when providing beds was only a part of the treatment. The Grey Nuns realized this and studied the situation very carefully. It had been the privilege of St. Boniface Hospital from the very beginning to open its doors to exceptionally well qualified doctors who were fully aware of the scientific advances of the day. With their kindly and judicious assistance, the stage was set for the astounding challenge of the twentieth century.

Modern antiseptic surgery came first. Notwithstanding what the newspaperman had said about being modern, there was no operating room. A large bay-window was used very conveniently, however. The chronicles minutely describe the spraying of the walls, the ceiling and the floor with carbolic acid and formalin, while the surgical instruments were sterilized in the wash boiler on the kitchen range. Records prove that many successful major operations were done in the early nineties at the bay-window. That it served other purposes is evident from this notation: "The Governor General of Canada visited the hospital today. He made a very sympathetic speech from his throne in the bay-window which was artistically decorated with red,

white and blue". Then there is a story about an emergency. The Sister telephoned the doctor (telephones came in the eighties) and it happened he was at a charity ball. But the old book says: "Four doctors came at once, in their ball suits, and diligently performed the operation". It was a period of tremendous adjustments. Booms were followed by hard times. In spite of all, the first transverse wing was erected in 1893, giving a total bed capacity of 125, two operating rooms, a dressing room and a sterilizing room. In 1894 the first resident intern came.

In 1897, the training school for nurses was established. Space does not permit us to follow its development from 1897 to its present highly organized state but we cannot pass the early days over in silence. The initial course of training covered two years. The subjects taken were anatomy and physiology, pathology, hygiene, principles and practice of medicine, materia medica, diseases of the eye, ear, nose and throat, diseases of children, surgery and bandaging, gynecology and obstetrics. Examinations were written and oral and the names of the doctors giving the lectures were announced in the local newspaper. Sister Parent was the first superintendent of nurses. In 1899 there were 8 nurses and 8 orderlies, one of the latter received a "nursing diploma". There were also 24 Sisters, 1 intern, 8 working men and 25 working girls. Patients were cared for in their homes as well as in the hospital. Not only the nurses but even the Sisters went to the country when called by a doctor.

There are notes left us about the "graduating exercises" of long ago. They run like this: "Our dear nurses that had to go in front of the faculty yesterday to stand their last examinations acquitted themselves with success. Today a very enjoyable picnic was held in their honour and all the nurses had the day free. In the afternoon they went out into the bush and picked blueberries. In the evening they shot off sky rockets". How times have changed!

In 1900 St. Roch's was remodelled and provided 50 beds for infectious disease and tuberculous patients. In 1905 the large south wing was added, bringing the bed capacity to 350. Even before the official opening, the beds were all filled and another extension was made the following year. In 1914 the central wing of 1893 was demolished and the massive structure of six storeys replaced it. In 1927 the Nurses Home was erected and in 1931, a sanatorium for tuberculous patients was built. We endeavored in every way possible to favour the education of the nurses and the interns working with us even in the turmoil of expansion. The words organization, standardization, specialization and centralization and similar terms, are of deep significance to those who have had to bear the heat and burden of the day.

Although the Grey Nuns have several hospitals in the west, we have confined this sketch to St. Boniface. It now accommodates between 550 and 575 patients. This does not include the sanatorium which accommodates 300. There is also a large out-patient service. There is always a waiting list, mostly for surgical beds and this morning there were 75 names on the list. The present personnel of St. Boniface Hospital is 50 Sisters, 40 graduate nurses, 175 student nurses, 25 interns, 7 orderlies, and a great number of professional and non-professional technicians and helpers.

The Grey Nuns have deemed it a gracious gesture on the part of *The Canadian Nurse* to ask for a contribution to its worthy columns on this memorable occasion and we trust this pen picture will be of interest. Between the lines you will read much profound history of the hard and happy days of long ago. The Sisters gladly take this opportunity to greet our nurses and all the old

friends of St. Boniface Hospital. We are especially mindful of those in military uniform all over the face of the earth.

It is a grand privilege for the Grey Nuns to celebrate this Centenary. We thank Almighty God for all the blessings bestowed on our humble efforts in St. Boniface, and for the honour of training two thousand of the grandest nurses in the world. This little verse seems to offer a suitable ending to our ramble through a hundred years:

As travellers oft look back at eve,
When onward darkly going,
To gaze upon the light they leave
Still faint behind them glowing.
So as the years roll gently on
And all things do remind us,
'Tis sweet to catch one parting ray
Of the days we've left behind us.

Intraligamentary Ectopic Pregnancy

FLORENCE P. F. QUIGLEY, B.A., B.Sc.

A young woman, thirty-one years of age, entered Victoria Hospital, London, Ontario, on December 14, 1943. She was pregnant and although labour was three months overdue it had not started; the full-term fetus was believed to be in the uterus and to be obstructed, due to a placenta praevia. Her antepartum history differed very little from that of a normal pregnancy. The last menstrual period was November 26, 1942, which would make September 2, 1943, the expected date of delivery. On January 14, there was slight vaginal discharge and morning nausea had commenced. Vomiting usually occurred each night at the same time, rather than in the morning and, until April, she was able to continue her office work. Fetal movements were felt by the middle of June. Frontal headaches, which lasted about a day, commenced in June and recurred at frequent intervals until August. At this time, a constant pain developed down the right antero-lateral abdominal wall; the patient described this as "wall-like" and at times was so severe that she could not straighten herself.

On the night of September 9, 1943, the baby was very active and the next day there was slight vaginal discharge together with bearing-down pains but no true labour pains. From September 10 until October there was a vaginal discharge every week which lasted for three days. Every night, a mass in the lower right quadrant seemed to contract; these contractions gradually lessened until December 1943, when they disappeared. After September 10 the fetal heart sounds were no longer heard and all movement had ceased. The baby kept dropping lower into the pelvis, the patient's waist became four inches smaller and it was easier for her to walk. The breasts, which had been full and secreting colostrum, started to recede and other changes took place, such as the disappearance of the shortness of breath. The "wall-like" pain, which had been only in the right side, changed to needle-like darting pains in both sides of the abdomen. The pain in the right side gradually subsided entirely, but continued on the left side until November.

It was thought that a fibroid in the lower part of the uterus might be preventing normal delivery and, on December 20, the patient was sent to the operating room for a cesarean section.

What was thought to have been a fibroid, on examination proved to be the uterus, only slightly larger than normal. The entire fetus was in the left broad ligament. All the organs were very much displaced, being high in the abdominal cavity. The left and right ovaries and tubes were situated over the lower portion of the sac. The sigmoid colon and one or two loops of the ileum were adherent to the posterior surface of the fetal mass. The sac was opened and the fetus and cord lifted out. There was a large amount of amniotic fluid stained with meconium. The pathological report revealed that the skin over the entire body was macerated, the finger and toe nails essentially normal, and that the baby had been dead for some time; the weight was about 3000 grams. The placenta was embedded in the base of the broad ligament and in the root of the mesentery of the sigmoid. The left tube and left broad ligament were removed but not the ovary. Five grams of Sulfathiazole powder were put into the abdomen and wide gauze packing was packed into the pelvis and brought out through the incision.

Immediately upon her return from the operating room the patient was given 500 cc. whole blood by the Baxter method. The pulse was a fair volume, the colour cyanosed; there was no nausea or vomiting. Hot water only was given by mouth for the first 24 hours. The patient was able to void and in six hours the head of the bed was elevated ten inches. As there was no need (nor was it possible) to contract a normal uterus, neither pituitrin or ergot were given. Due to manipulation, and the usual hormone action, there was a slight vaginal bleeding.

On the first post-operative day, the patient's temperature was 101.6, pulse 140, respirations 26. The lower end of the abdominal dressing was taped, six inches of packing were removed and a dry dressing was applied. Recovery was uneventful and as normal as if it were an ordinary cesarean case with the exception that the gauze packing had to be gradually removed each day; the last of it being removed on the fourth post-operative day. Perineal care was discontinued on the sixth day because the little bleeding there had been had now ceased. On the fourteenth day the patient was allowed to sit up in a chair and on the eighteenth day went home completely happy with the assurance that in eight months time she again would be physically fit to become pregnant

It is interesting to note that, from an endocrinologist's viewpoint, this case is not essentially abnormal; by that it is meant that no matter where the baby was situated, inside the uterus or out, the hormone production and action would be the same. The glands chiefly concerned during pregnancy are the ovaries, the anterior lobe of the pituitary and the placenta. Of course, the thyroid is also a link in the endocrine chain. The ovaries secrete two internal secretions: (1) theelin, which controls the uterus, the vagina and the mammary glands in their changes throughout the menstrual cycle; (2) progesterone, which supplements the action of the theelin, further developing the endometrium in preparation for the implantation of the developing ovum. The anterior pituitary hormone produces, amongst many other hormones, the gonad-stimulating hormone which develops the mammary glands during pregnancy and the subsequent secretion of milk. The placenta takes over the production of theelin and progesterone after the corpus luteum has slowly retrogressed, about the fourth or fifth month. This hormone develops the breasts, controls the growth of the uterus, but suppresses actual lactation.

In this case, it is supposed that due to the action of these hormones, the uterus did enlarge at first but, as it had

not the extra stimulus of the baby growing inside it, enlargement did not continue. There was vaginal discharge in January because the uterus had been prepared for the implantation of the ovum which it did not receive but, because it was near the menstrual period, the endometrium bled. The mass which had seemed to contract in the right lower quadrant was actually the uterus in process of involution and thus producing "after pains." The weekly three-days bleeding following September 10, 1943, could be explained by an imbalance of hormones producing a weekly menstrual period. The breasts receded because the fetal circulation had ceased due to the death of the baby. Although the maternal blood still flowed to the placenta no exchange took place, consequently the lactating hormones were not needed and production ceased. It was as if the patient had been delivered and had never nursed the baby.

Out Where the West Begins

MARION BOTSFORD

It has been said that: "all cities have banks, churches, schools, parks, and homes, but Winnipeg, and Winnipeg only, had the romance of the Red River Settlement". Early in the nineteenth century, adventurous and courageous men and women travelled to the unknown lands of the Canadian West. Rivers were the travel routes of that time, and many of these adventurers came up the Red River and down the Assiniboine to settle at the converging point where the city of Winnipeg is now situated. The first "Selkirk settlers," numbering seventy, reached "the fork" in 1812 and were shortly joined by more of their comrades. The French-speaking people settled on the opposite bank of the Red River where today stands the city of St. Boniface. Broad bridges now span the river and there is a constant mingling of the people of the two cities.

The Fort Garry Hotel, which will be the scene of the General Meeting of the Canadian Nurses Association during the last week of June, is situated on almost the exact site of Upper Fort Garry overlooking the junction of the two rivers. From the east windows may be seen the Gateway of the Old Fort, preserved within a small park, which gained additional fame during the visit of King George and Queen Elizabeth in 1939. As stipulated in the Royal Charter, granted to the Governors and Company of Adventurers trading into Hudson's Bay in 1670, a tribute had to be paid to King Charles the Second, his heirs and successors, whenever they entered the domain. So two proud elk-heads and two rare black beaverskins were given to the King and Queen during a ceremony conducted before the Gate.

Again looking towards the east, in the distance can be seen the twin spires of St. Boniface Cathedral, recalling the stanzas of Whittier's poem, "The Red River Voyageur":

The voyageur smiles as he listens
To the sound that grows apace;
Well he knows the vesper ringing
Of the bells of St. Boniface.
The bells of the Roman Mission,
That call from their turrets twain
To the boatman on the river,
To the hunter on the plain.

The bells that rang in the "turrets twain" were melted in a fire which destroyed the Cathedral in 1860 but the molten metal was sent to France to be recast into the bells which hang in the present Cathedral — the same bells which called the voyageurs to worship. Elsewhere in this issue of the *Journal* you will read the heroic story of the four Sisters of the Order of the Grey Nuns who founded St. Boniface Hospital, now one of the most outstanding among the hospitals and schools of nursing in Western Canada.

Now let us go out by the front door of the Hotel which faces the treed boulevard of Broadway Avenue. One block east is Main Street, the old crooked route of the creaking Red River carts, now a broad thoroughfare with modern traffic. The Canadian National Railway station faces Broadway Avenue and nearby is the Canadian headquarters of the Hudson's Bay Company. If we turn west on Broadway we shall pass St. Stephen's Broadway Church whose pastor, for many years, was the Reverend C. W. Gordon, more widely known perhaps as "Ralph Connor". Dr. Gordon's beautiful home, "The Ralph Connor House" on Armstrong's Point at a bend of the Assiniboine River, is now the University Women's Club where many enjoyable nursing functions are held from time to time. One block west of the Church, the expansive lawns of the Legislative Buildings are seen surrounding the massive structure built of beautiful white stone quarried in Manitoba. On the top of the Dome we see the Golden Boy — one man's interpretation of the spirit of the West or "Eternal Youth".

The six Winnipeg hospitals will be of interest to all visitors who are members of the nursing profession. The Winnipeg General Hospital, opened in 1872, now has a capacity of 650 beds. The school of nursing, organized in 1887 with five students, has gradually grown until its graduates number over two thousand. The foundation of the first Nurses' Home was constructed of stones that came from Upper Fort Garry which had just been dismantled in 1888. This is truly an "historical foundation".

Other hospitals include Grace Hospital, operated by the Salvation Army; Misericordia Hospital and St. Joseph's Hospital, operated by Roman Catholic Sisterhoods; the Victoria Hospital and the Children's Hospital. Two Municipal Hospitals (named the King George and the King Edward) situated on the banks of the Red River, function for the care of patients suffering from tuberculosis and other communicable diseases.

Although the first method of travel in the West was by means of the natural waterways, Winnipeg now boasts the largest individually owned railway yards in the world, those of the Canadian Pacific Railway. Airlines form an increasingly important mode of travel particularly to the northern part of the province. There are many other features we could mention about Winnipeg. Its wide brilliantly lighted streets; its forty-four parks, several of which have rare scenic beauty; Winnipeg gold-eye, once tasted, never forgotten; the beauty of the colourful western sunset.

It has been said that "Manitobans are sensitively fond of their own province, but they have long since ceased to expect outsiders to share their affection". But come and see for yourselves. The people of Manitoba are waiting to welcome you —

Out where the sun shines a little stronger
Out where the hand-clasp's a little warmer
Out where the West begins!

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Staff Education for Rural Nurses

MARGARET E. HART

Staff education properly begins when the nurse is introduced into the service of an organization and continues as long as she remains in that organization. Rural nurses, working alone as they do much of the time, feel keenly the need for such a programme. In this article, some of the possibilities will be presented and many more will suggest themselves to readers who have participated in similar plans.

In outlining the possibilities for staff education among rural nurses, the programme will fall naturally into several main divisions. Using, as an example, an organization which is province-wide and has a main central office as headquarters for nursing service, a possible plan may be suggested. Into this plan, other smaller organizations providing rural nursing service might perhaps fit. The main features of the programme could be made common to all, with individual local services supplementing it by means of their own staff conferences.

First, the nurse must be introduced to the service and the following outline may be used as a guide:

Review of the health record of the nurse to bring immunization up to date;

Interviews with directors of sections and bureaux of the Department of Health and Public Welfare;

Demonstrations of bag technique, immunization equipment, and general care;

Review of the records and nursing manuals;

Review of inventories of equipment supplied to nursing districts;

Visit to the library so that the nurse may begin a programme of reading.

Following the two days spent in the central office, the nurse begins a period of two weeks observation in a suburban district. The staff nurse selects a variety of visits which will give opportunities to observe their content. The establishment of a centre which could be used as a field for observation would increase the value of the introductory period. If there is no actual centre, then the field chosen should be one in which the staff nurse is well prepared and where the programme is broad in its scope and gives opportunities to use other agencies and services. There are advantages in using a suburban district because such a district usually has a greater variety of community services in the vicinity than has a rural area and the nurse will thus be able to see these services utilized.

Health legislation, in relation to the district and the province, should be

studied at this time. The use of health and social agencies will become more meaningful if the nurse selects a family for study and observation. This study may be used to help her to understand the special health services which may be used by the family, especially for the control of tuberculosis and venereal disease.

School and follow-up visits can also be made and from these visits an opportunity may arise to visit the out-patients department of a children's hospital, a child guidance clinic, an institute for the blind, special classes for handicapped children and the like. A birth registration visit may be followed later in the nurse's experience by a visit to the vital statistics division. A sanitary inspection of a school may follow a study of the regulations of the Public Health Act. Interviews are arranged with the local health committee, the school board, the school principal, and with the Women's Institute.

The nurse should make a study of a rural community for the purpose of understanding health and associated problems and learning how to use resources. She may assist in the school health programme and, if possible, with an immunization clinic. She will observe and assist in group teaching programmes such as home nursing, first-aid, child welfare and prenatal care. Gradually she will take more responsibility for the work in the district and will be expected to choose a family for study and to prepare a case history which she will present and discuss in conference.

After the nurse has worked with a staff nurse for several weeks, she will benefit by spending some time in tuberculosis and venereal disease clinics. The more opportunity there is in such clinics to demonstrate the integration of hospital and public health services, the better her appreciation of the whole programme will be. She might spend a week at the central tuberculosis registry where she could observe the facilities for diagnosis, treatment, nursing care and rehabilitation. The records are studied and the nurse thus becomes acquainted with the programme of tuberculosis control for the province. She may also examine the Public Health Act and the nursing manual in relation to this programme and to the family cases she has chosen for study in the districts previously observed. The consultant supervisor in tuberculosis nursing will also review cases in the district to which the nurse will later be assigned.

The next week may be spent in the venereal disease clinic. Here the consultant supervisor introduces the new nurse to the programme of venereal disease control in the province and she may observe the facilities for diagnosis, treatment, nursing care, and follow-up of sources and contacts. She will review records and case histories and observe methods of interviewing patients. She will also study the Public Health Act and the nursing manual as they relate to this programme.

Toward the end of the observation period, visits may be made to agencies with which the nurse will co-operate. When a visit is made to the cancer institute, a public health nurse will interpret the program of cancer control in the province and relate it to the nurse's district. Visits are made to the director of home nursing classes in the Red Cross Society, regarding the forming of similar classes in the district, and to the Junior Red Cross regarding co-operation in promoting interest in health among school children. A visit to the provincial division of vital statistics gives the nurse an appreciation of the importance of accurate and complete reporting of births, deaths, and reportable illness. At the end of this period a conference between supervisors, consultants and the new nurse should be arranged so that her family case study may be discussed and

suggestions made for the development of her understanding of and ability to assist in solving the family health problems.

The second step in the preparation of the nurse is an introduction to her own district by her supervisor who remains with her until she is well established. Frequent supervisory visits are essential at first but these may be spaced farther apart as the nurse gains in experience and confidence. During these visits, in-service education is furthered through individual conferences between the nurse and her supervisor. These conferences should have the same underlying philosophy as that used in the nurse's work with families. One purpose of supervision is to build up the nurse's own resources so that she is able to take more and more responsibility for making her own plan and seeking assistance in its development.

Where two or three nurses are at work in a district, they will have opportunities to meet for office conferences with the district supervisor. Where the nurse is working alone, this becomes more difficult. Regional conferences answer the problem in some areas; in others, all nurses may be able to come to the central office of the organization at stated intervals. Whenever possible, the nurse should be encouraged to attend meetings of the various nursing organizations. Regional associations provide in part for this, and the provincial public health sections may be able to arrange some of their meetings at a time when rural nurses will be able to attend.

The interval between conferences is governed in part by the distance and the time required to attend. Monthly conferences provide for some of the needs of the staff and more frequent conferences may be possible in some organizations. Active participation of the group is essential to an effective programme. Speakers may be brought in to discuss topics of interest, panel discussions may be carried on, and other means of group discussion and participation used. The concerted effort of the whole group can make the conference much more meaningful. This participation helps the nurse herself to develop. In the formulation of procedures and techniques, suggestions from the group are necessary.

A club or council will further the staff education programme as part of its functions. Members appointed as representatives to community agencies will bring back reports to the group. These may be made verbally during the conference and, when anything significant arises, this may be sent in writing to each member of the nursing staff. Bulletins and circular letters help to keep the rural nurses in touch with policies and developments in service. Papers prepared at regular intervals will give the staff nurse an opportunity to express herself. Here she may write of developments in her own district which will in turn stimulate other nurses to try similar projects. Evaluation of the nurse's programme will be a stimulus and, in studying her problems and measuring her accomplishments, she will be better able to plan her own work. A yearly appraisal and comparative study of other similar districts should lead to improvement of the local programme.

The nurse needs tools to enable her to fulfil her duties. Among these tools are the professional journals. She should subscribe to one or two of these and should have access to others through local or provincial nursing and health libraries. The nurse will do well to build up her own professional library. This must be done with discrimination, in order that she may have those books which will be most useful to her. The employing agency should provide some basic references, especially to nurses in remote areas.

In addition to this continuous plan

for staff education within the agency, provision should be made periodically for short refresher courses and for leave of absence for postgraduate study. Scholarship and loan funds will assist the rural nurse in her preparation for the public health nursing field.

The needs and interests of rural nurses may best be met through careful introduction to the field and by means of supervisory visits, staff conferences, reports of related community activities, bulletins, the use of libraries, refresher courses, participation in nursing associations and postgraduate study. A continuous planned programme of staff education may be expected to promote group thinking and group action which will lead to improved individual performance.

Margaret Duffield Retires

Miss Margaret Duffield, superintendent of the Greater Vancouver Branch of the Victorian Order of Nurses for the past sixteen years, has resigned and plans to retire from active nursing. A native of Ireland, with a liberal endowment of the Irish temperament, a fine sense of humour and wit, a gay, good heart, combined with a broad-minded, clear-sighted outlook on life, she will be much missed in the public health nursing field. She received her training in Kimberley Hospital, South Africa. Returning to England, she took her C.M.B. training and later worked in St. Bartholomew's Hospital and Queen's Hospital. In 1913 she came to Canada (Calgary) and, when the first World War overwhelmed the country, joined the Nursing Service of the Royal Canadian Army Medical Corps, and went overseas. She gave outstanding service and received the Royal Red Cross. After the armistice, she returned to Calgary accepting a position as matron of the Mount Pleasant Military Hospital. She resigned to take the public health course at Toronto University and since then has given valuable service to the Victorian Order of Nurses.

MARGARET DUFFIELD

Vancouver welcomed her into its community in December, 1927, and more intimately into the public health nursing field. She gave her first annual report for the V.O.N. in January, 1928, and her reports yearly have been "news" and "headlines". She entered with enthusiasm into all nursing projects, being president of the Vancouver Registered Nurses Association from 1928 to 1929 inclusive, and in 1943 completed a four and one-half years term as president of the Registered Nurses Association of British Columbia.

Miss Duffield has always endeavoured to keep herself and her staff abreast of the newest and best procedures in the nursing profession, maintaining the highest standard possible. She will be much missed by the members of the Board and her staff and by a host of friends. Our best wishes go with her for complete happiness in the leisure which she has so justly earned.

— MARION WISMER.

Whom the King Delighteth to Honour

"To Our Trusty and Well Beloved (Elizabeth Lawrie Smellie,) Greeting! We, reposing especial Trust and Confidence in your Loyalty, Courage and good Conduct do by these Presents Constitute and appoint you to be an Officer" — so runs the citation accompanying the appointment of an officer to any branch of the Armed Services of the British Commonwealth, the wonderful expression of confidence being preceded by the name of our King and his full title. Canadian nurses the world over will therefore be happy to learn of the new honour recently bestowed upon Elizabeth L. Smellie, C.B.E., R.R.C., Matron-in-Chief in Canada, R.C.A.M.C. Nursing Service, for in addition to other well merited distinctions she is the first woman in the Canadian Army to receive promotion to the rank of full Colonel. Honours lie lightly upon the shoulders of this ideal nurse, councillor and friend, otherwise she would have succumbed long ere this. We are proud of her who is known affectionately to scores of her comrades as Beth Smellie, proud that she has been chosen to give leadership in nursing affairs in such divers ways, for her contributions have been international in scope and character and therefore far-reaching.

Following her appointment on July 24, 1940, to the position of Matron-in-Chief, *The Canadian Nurse* recorded the following testimony:

In times of national crisis there must be a leadership so strong, so wise, so competent, so human, that it will command instant and cordial response. The nurses of Canada are indeed fortunate that in this hour of trial, the military authorities of the Dominion have chosen Elizabeth Smellie, C.B.E., R.R.C., as Matron-in-Chief in Canada. To her we turn with confidence and affection, for we know that she has all the qualifications which are needed to ensure success in her responsible task. It is a profound satisfaction to know that, in her capacity as first vice-president of the Canadian Nurses Association, Miss Smellie will be able to interpret to the military authorities our fervent desire to offer the full measure of devotion, and service to our beloved country. There are many reasons why Miss Smellie is an ideal choice for this responsible task, and chief among them is her magnificent record during the Great War of 1914-1918.

On the day of this appointment and at short notice, Miss Smellie delivered a radio address to "nurses and friends" in Canada which will be remembered and cherished for many a day, for it resounded with the spirit of brotherly love and human understanding which characterizes all her endeavours. Her expression of doubt as to her ability to follow in the footsteps of Margaret Macdonald and Edith Rayside raised a lump in the throat of many a veteran Nursing Sister who was pleased to realize that she intended to try.

In less than a year, further responsibility was laid upon her shoulders when the military authorities requested the Matron-in-Chief to supervise the organization of the Canadian Women's Army Corps regarding which it was written in the *Journal*:

The nurses of Canada felt very proud when, in May, 1941, it was announced that Miss Elizabeth Smellie, C.B.E., R.R.C., Matron-in-Chief in Canada, of the R.C.A.M.C. Nursing Service, had been requested by the military authorities to supervise the organization of the Canadian Women's Army Corps. It stands to reason that the woman chosen for such a difficult task would find full scope for a capacity for enlightened leadership, as well as for the exercise of unlimited patience and tact. It goes without saying that Miss Smellie proved herself worthy of the trust reposed in her and no one will

be surprised (though everyone will be pleased) to hear that when the task of organization was successfully completed, most cordial appreciation of her services was expressed to her by Colonel the Hon. J. L. Ralston in these words: "I value more than I can ever say the work Matron Smellie has done in connection with bringing this institution to the point where it is a going concern. Matron Smellie has travelled from one end of Canada to the other making a preliminary survey which has been invaluable and we are looking forward to a continuance of her support". Colonel Ralston also said that, while he was keenly aware that the job had not been an easy one, Miss Smellie had done it so well because of her wide experience and understanding interest.

The year 1942 brought further honour to Canadian nurses when the degree of Doctor of Laws, honoris causa, was bestowed upon Major Smellie by the University of Western Ontario and that same year she was promoted to the rank of Lieut.-Colonel, following which her name appeared at the top of a list of twenty-three considered to be "representative women in Canada" by the General Federation of Women's Clubs in United States and Canada.

In her capacity as Matron-in-Chief in Canada, Miss Smellie has been in constant personal touch with her nurses through the length and breadth of our land and in 1943 made a brief tour of Canadian hospitals overseas where she renewed old acquaintances and made many new friends.

By the time these words are published Colonel Smellie will have retired from active service in the R.C.A.M.C. During the space of the past ten short years, Elizabeth Smellie has packed a life-time of loyal service to Canada of the highest order and quality, which has in a measure been repaid by the honours which have been bestowed upon her by her King and country. We salute her and bid her Godspeed in whatever ways her future plans may lead.

— E. Frances Upton, R.R.C.

A Hearty Welcome from the V.O.N.

The following letter expresses the pleasure that the return of Colonel Smellie gives to the members of the Victorian Order of Nurses for Canada:

Colonel Smellie is a person whose departure is always regretted and whose arrival is hailed with welcome. Four years ago when Colonel Smellie was granted leave of absence to become Matron-in-Chief of the Nursing Service of the R.C.A.M.C., we saw her go with regret but with pride in the work she was called upon to undertake. Now that she has retired from the Army and is returning to the Victorian Order, there is rejoicing among Victorian Order nurses who extend to her a warm welcome.

Maude H. Hall,
Assistant Superintendent
Victorian Order of Nurses for Canada.

The Lippincott Lounge

The amenities of the Lippincott Lounge are once more being made available at the forthcoming General Meeting of the Canadian Nurses Association which is to be held in the Fort Garry Hotel in Winnipeg. Nurses who have attended biennial conventions in recent years have found this Lounge to be an oasis of peace and quiet where, in between the busy sessions, they could rest and relax as easily and comfortably as though they were at home. Arrangements have been made with the Fort Garry Hotel whereby the privileges of a private club are offered without dues and with no tipping for services rendered. The J. B. Lippincott Company extends a cordial invitation to all nurses to make use of the Lounge throughout the convention.

Contributed by the Hospital and School of Nursing Section of the C. N. A.

Ward Teaching of Urological Nursing

HILDA M. SHORT

Dear Mary:

In your last letter you asked for suggestions for ward teaching and in reply I shall relate my duties of today. It was one of those busy Fridays, when the work went smoothly without too many interruptions. As you remember, we have two operating days, Monday and Friday. Wednesday morning is still set aside for clinical ward rounds as are Tuesday, Thursday and Saturday for cystoscopic and x-ray examinations. Today we were scheduled for a nephrectomy, one supra-pubic cystotomy, two second-stage prostatectomies and an orchidectomy. After the night report was given we had our daily morning conference, a fifteen-to-twenty-minute period during which we reviewed briefly the post-operative care of the operations mentioned above. The students had just completed a course in nursing care in prostatism.

The nephrectomy was performed under general anaesthesia and was finished early. A student nurse was assigned to care for the patient during the morning. As in the case of all post-operative patients, she recorded the temperature, pulse and respirations and, since this was a major operation, the blood pressure reading was also taken. I questioned the student as to the changes she would watch for in the patient's condition. Together we applied the scultetus binder and I stressed the need for the support and comfort this type of binder affords these patients. It was also the student nurse's duty to assist the interne in giving an intravenous infusion of glucose saline 5% and to remain with the patient as long as necessary. During the first twenty-four hours these patients are not allowed fluids by mouth, but the nurse may give frequent mouth washes. During a nephrectomy there is manipulation of the ureter, the kidney pedicle and the peritoneum which is thought to be a factor in causing post-operative distension, particularly if fluids are taken by mouth during the first twenty-four hours. Also, we insist on the patient being turned every two hours and, as soon as possible, put in low Fowler's position with pillows for support. The nurse is instructed that this patient must not wait longer than twelve hours before either voiding or being catheterized.

Very soon the supra-pubic cystotomy returned to the ward. On account of his age and the consequent risk, the operation had to be done under local anaesthesia. A Pezzer tube was draining from his bladder and the nurse was shown how to attach this properly to a sterile

urinal placed at his side in the bed. I pointed out the necessity of fluids and he was given sips of water immediately.

By the time the first prostatectomy (second stage) arrived from the operating room the morning care of the other ward patients was almost completed, so I was able to demonstrate to the two new nurses, who had come to the ward last Monday, how to drape the patient and remove clots from the bladder through the Freyer tube. If you have forgotten the details of post-operative care of prostatism you might refer to the excellent article by Miss Winnifred MacLean which appeared in the January 1941 issue of *The Canadian Nurse*. When the second patient with the same type of operation returned to the ward a student was supervised in giving the post-operative care.

Comparatively speaking, the patient who had the orchidectomy required very little attention, but it gave me an opportunity to show the preliminary students that, since the operation was performed under spinal anaesthesia, it was necessary to keep him flat in bed for twelve hours then gradually raise him to semi-Fowler position. If the head is kept low, a maximum amount of spinal fluid will be present in the cranial cavity to act as a water cushion for the brain and to prevent headache. After the necessary precautions have been carried out, early movement and turning improves circulation. This lessens stasis of the blood in the venous system, especially in the pelvic veins, and prevents thrombus formation and possible emboli. The carbon dioxide bag, if properly used, produces good aeration of the lungs thus lessening the possibility (especially in kidney cases) of post-operative complications such as atelectasis and pneumonia.

In urological nursing, and on account of the age of the patient, the drainage, or the type of dressing, very special care must be given to the skin, especially with regard to the base of the spine. I find I cannot stress too much the need of proper washing (plenty of warm water and soap) massaging carefully and firmly with the tips of the fingers using rubbing alcohol, giving special attention to the areas on which the pressure is exerted. Another important factor is the necessity of keeping the patients dry and the frequent changing of their positions.

In giving nursing care to these older men, there are many psychological factors to remember. Some of them have never been ill before and may seldom have been away from home and their normal environment. We must remember to take precautions to prevent a reaction to this sudden change and never expose the patient to any embarrassment. You might remind your students that old Mr. Jones in bed 23 is not just a patient, he is a person, and should be treated with the same consideration they would show to their own fathers.

At six that evening I taught urological nursing to the senior class. One of the staff doctors gives the lectures in urology and they are followed by my classes in urological nursing, given in the class room, on the ward and in the cystoscopic room. I wish you would experiment with the morning conferences I mentioned earlier in this letter. They are of the greatest value in ward teaching and the students are keenly interested. I feel that they are very beneficial and helpful to them.

Here is a copy of the outline which I try to follow:

First day: Anatomy and physiology of the genito-urinary tract when normal as in health.

Second day: Abnormalities and conditions that might occur as a result of them. Signs and symptoms of these.

Third day: Comments on the patients on the ward with respect to duration of illness, prognosis, symptoms of complications.

Fourth day: Tests, spinal examinations, x-ray treatment and nursing care in relation to each. Use of the loose-leaf manual

which is supplied to each student nurse and contains outlines of nursing procedures. Urology for Nurses, by Lowsley and Kirwin, is used as a reference.

Fifth day: Medications, how given and why. Explanation and accurate spelling of various terms and the importance of correct charting.

Sixth day: Summary followed by questions. Mention is made of what the Social Service Department can do to help the patient in adjusting to his home environment or in rehabilitating himself. Health education measures are also indicated.

At the end of this series an assignment is given to a student who, for example, after the study of renal calculi, may present a "patient study" giving the signs and symptoms, the treatment and nursing care. In our department we are very fortunate in having access to mounted specimens, x-ray films, charts and diagrams which we use in instructing the student nurses. Last year, several of our head nurses attended a series of lectures given at the School for Graduate Nurses, McGill University, in ward teaching and administration. I found the course very stimulating and received many helpful hints from Miss Lindeburgh's lectures.

During my period of headnurseship it has become increasingly clear to me that assuring the successful maintenance of satisfactory nursing service in a urological ward is dependent upon a constant repetition of teaching successive groups of student nurses. It is only through such teaching and supervision that the students are able to give proper care to their patients and I know you will enjoy helping them to do so.

Editor's Note: This letter is addressed by the author to a classmate who has just become a head nurse in a very active hospital in a small town and feels that she needs a "refresher" on how to teach urological nursing.

British Nurses Commandeered

Despite the general improvement in the supply of nurses there has not been a corresponding alleviation of the acute shortages, particularly of trained staff, in certain special fields of nursing employment. These shortages can only be relieved by some measure of redistribution of trained nurses. The Minister of Labour has accordingly decided that all nurses immediately after admission to the General State Register shall take further training or employment for a year in one of the fields of special shortage. The only exceptions will be:

1. Those nurses who have already had at least a year's employment in one of those fields, during fever training or under an affiliation scheme between a sanatorium and a general training hospital.

2. Those accepted for immediate service in one of the Nursing Services of the Crown.

3. Those taking a further course of training to become district nurses.

The requirement will operate immediately on the completion of State Registration, and will not be postponed merely to enable hospital contracts for a longer period of training to be fulfilled.

The Minister accordingly expects training hospitals, which at present have a four-year contract of training, to review their staffing and training arrangements immediately on the basis that they will be required to release trained nurses for the year's special service immediately after State Registration.

— *The British Journal of Nursing.*

Réflexions sur la formation intellectuelle de l'infirmière

Soeur Saint Léandre, o.s.a.

Si de l'éducation on a pu dire: "Elle sert la vie même dans son ascension, elle guide l'élan, la libère, comme l'art humain prend l'eau d'une humble source et l'aide à monter aussi haut que sa force ascensionnelle le lui permet en un jet multiple et ravissant", ne peut-on pas avancer que la culture intellectuelle sert la vie de l'esprit dans sa montée vers le vrai, mettant en pleine valeur ces aptitudes à bien penser, à bien juger, à bien raisonner et souvent par là même à bien vouloir et à bien agir, aptitudes qui sommeillent dans l'âme sans culture comme l'eau de l'humble source dormait sous la mousse entre les pierres.

Ce grand oeuvre se fait en collaboration: celle de l'éducatrice et celle de l'élève infirmière, puisque nous sommes dans le domaine particulier de l'éducation de l'infirmière. Passons sous silence le rôle très noble de l'éducatrice pour nous attacher à la part de l'élève, part sans laquelle l'art et la science du professeur seraient à jamais perdus.

En quoi pourra bien consister le travail personnel de l'élève? Unanimement, nous constatons ensemble l'engouement général de nos élèves infirmières pour les résumés tout faits qui les dispensent du moindre effort, en classe d'abord, où elles se croient par le fait même dispensées de prendre des notes; en étude, où le résumé leur tenant lieu de manuel, elles font fi des recherches. Nous obtiendrions, peut-être à degré plus élevé, cet effort personnel de l'élève, si nous le favorisions, non plus seulement en classe, dans la prise de notes, et à l'étude par les recherches, mais par une préparation plus ou moins éloignée. Naturellement, nous aimons à aller du connu à l'inconnu. Amorcer la curiosité de l'élève par l'annonce plusieurs jours à l'avance du cours et de ses grandes divisions, serait peut-être avantageux? De même afficher une série de références de manière à promouvoir les recherches spontanées de l'élève — c'est ce que j'appellerais la préparation médiate.

Quant à la préparation immédiate, une leçon facile, dessinant à grands traits le sujet et servant de préliminaire au cours du médecin n'aiderait-elle pas l'effort de l'élève? Il m'est arrivé, pour des raisons particulières, d'agir de cette façon avec nos élèves et j'ai constaté trois fois plus d'attention au cours, des notes prises sans résistance et avec intelligence, plus de facilité et d'intérêt à l'étude et un meilleur succès aux examens. En fournissant des points de repère, cette méthode captive l'attention; l'imagination elle-même est retenue dans les cadres déterminés et l'élève déjà préparé peut plus facilement prendre des notes utiles.

Cette préparation faite, mettons-nous bien en face de la grave question: faut-il exiger des élèves la prise des notes ou doit-on leur servir des résumés tout faits? J'aurais vraiment mauvaise grâce devant tous les professeurs du monde entier que de dispenser *ex cathedra* toutes les élèves infirmières de la prise de notes. Ne serait-ce pas le plus mauvais service à leur rendre? Dans l'organisme, l'assimilation est précédée de la digestion et de la préhension des aliments. Dans le domaine intellectuel, les notes sont les aliments qu'il faut se donner la peine de prendre: premier effort à faire en vue de la nutrition de l'esprit. Il importe que l'élève fasse elle-même la sélection des idées du professeur, pour ne prendre que les principales, qu'elle établisse aussitôt les liens qui relient ces idées en les groupant en tableaux synoptiques ou au moyen de flèches.

C'est cette prise de notes intelligentes, qui est à conseiller même quand le professeur, par pitié pour les élèves, veut les en dispenser. Je dis conseiller — je voudrais dire exiger! Selon ma petite expérience, l'élève doit être active de cette façon et non simplement passive pendant les cours. Les résumés alors, doit-on les bannir impitoyablement? Je crois au contraire qu'ils pourraient servir avantageusement comme complément des notes.

Les notes prises, il reste à les assimiler. C'est ici qu'entre en jeu dans toute son étendue le travail personnel de l'élève. Ici le professeur est impuissant: pas plus qu'on ne peut se nourrir pour un autre, le maître ne peut en ce domaine se substituer à l'élève. Discuter sur les notes prises, un quart d'heu-

re environ, pour la valeur d'un cours, serait peut-être utile? Il y a souvent autant de manières d'interpréter l'enseignement qu'il y a d'élèves dans la classe; la discussion des notes, par le choc des idées, ferait naître la lumière et quant elle tarderait trop à se dévoiler, un recours à l'institutrice la ferait jaillir. Quel bon moyen, il me semble d'être active pour nos élèves. Les notes prises intelligemment et ainsi discutées ne sont plus un fatras inutile bon à être jeté au panier. Elles deviennent une matière vivante, parce que les idées prises, déjà presque digérées, sont toutes prêtes à être assimilées, c'est-à-dire devenir les propres idées de l'élève — et c'est cela vraiment l'instruction!

Une source importante d'efforts est aussi fournie à l'élève par les devoirs. Par ce mot, on entend pour les infirmières des reproductions de pièces anatomiques, des problèmes de chimie, etc. Pourquoi la dissertation proprement dite, partout où elle pourrait trouver place, ne serait-elle pas employée? Une objection que vous allez me poser avec toutes les élèves, c'est le manque de temps. Pourtant un travail en profondeur, achevé, même s'il est forcément plus rare, a plus de valeur éducative que l'entassement sans cohérence souvent d'une foule de notions, vite oubliées après les examens, faute de véritable assimilation.

Reste la manière de lire. Je n'ai pas l'intention de donner une méthode détaillée mais seulement de faire quelques suggestions. Mademoiselle Butavand semble préconiser que la vraie lecture commence quand, le livre clos, on ferme les yeux pour le relire en soi-même. Ne serait-ce pas le meilleur moyen d'en tirer profit? Pour obtenir un bon résultat, il faut exiger des comptes rendus de lectures. Un livre pourrait être confié par exemple à chacun des membres du cercle d'études et une analyse bien conduite en serait faite aux séances hebdomadaires ou bi-mensuelles. Il en résulterait un grand avantage et pour celles qui les auraient faits et pour celles qui les écouteraient. Excellent moyen aussi de faire connaître les richesses d'une bibliothèque.

La lecture pourrait être un excellent exercice supplémentaire des facultés à proposer aux sur-douées. Mais voyons d'abord à quoi correspond ce terme nouveau du vocabulaire. Le compte-rendu du Congrès d'éducation de Hull, nous parle de "ces princes héritiers du talent" qui ne sont autres que les mieux doués, les sur-doués, les élèves possédant une intelligence supérieure. Dans nos écoles d'infirmières, ces "princesses" ne sont peut-être pas toujours le type achevé de la bonne infirmière. Au contraire, habituées dans leurs études préparatoires à décrocher sans effort tous les succès, elles se vantent d'arriver sans travail ou de faire face aux examens du brevet par une semaine d'étude. Orientées et cultivées ces intelligences supérieures feraient honneur à leur école et rendraient d'immenses services à la profession.

Reconnaître parmi nos élèves ces intelligences supérieures, leur faire atteindre leur complet achèvement par un exercice approprié de leurs facultés est devoir important des directrices et institutrices d'infirmières. Le bien des élèves et l'avenir de la profession sont en jeu. Si on leur laisse les petits succès faciles, qui les habituera à l'effort? La vie ne sera pas toujours faite de la réalisation de tous leurs souhaits: sans préparation ne seront-elles pas plus que leurs compagnes moins fortunées, exposées au découragement?

Leur confier une part de responsabilité à la bibliothèque serait peut-être un moyen pratique de leur fournir à leur insu la culture supplémentaire de plusieurs facultés; intelligence, par les jugements qu'elles seraient appelées à porter sur les livres et sur les auteurs, par les études des ouvrages et les appréciations qui en découleraient en vue de la classification; étude des goûts de leurs compagnes, pour les mieux servir; volonté par l'emploi des méthodes de classification et assujettissement aux règlements de la bibliothèque qui exigent de l'effort; mémoire pour retenir le contenu du livre, ses idées générales, dans le service, ceci sans compter les multiples occasions de formation du goût, du coeur, de l'ordre et de la méthode.

En voilà, je crois, assez, en fait de travail personnel, car sur ce sujet de l'éducation nous pourrions nous étendre bien davantage. Savoir l'exiger, cet effort personnel, et l'obtenir des élèves est un point important et la clef du succès dans l'enseignement et en général dans l'éducation.

Editor's Note: A summary in English of the content of this article will be found under the caption of Reader's Guide.

Victorian Order of Nurses for Canada

The Victorian Order of Nurses for Canada takes pleasure in announcing the appointment of *Lenta G. Hall* as National Supervisor of the Maritime provinces. Miss Hall, a graduate of the Royal Victoria Hospital, Montreal, and of the course in public health nursing at the McGill School for Graduate Nurses, was district superintendent of the Halifax Branch for several years. This background of experience, together with broad interests and active participation in health and nursing organizations, provides her with a knowledge and understanding of conditions in the Maritime provinces and equips her ably to assume her new duties.

Three Victorian Order nurses, who have been on four-months leave of absence from the Order to take advanced study in public health nursing, have received new appointments. *Jean Forbes,* who was at Teachers College, Columbia University, has been appointed district superintendent of the Halifax Branch; *Helene Snedden,* who was attending the McGill School for Graduate Nurses, has been appointed district superintendent of the Hamilton Branch; and *Alberta Creasor,* who was also attending the McGill School for Graduate Nurses, has been appointed district superintendent of the Vancouver Branch.

Mrs. Horvath, a graduate of St. Boniface Hospital, Manitoba, and of the University of Toronto public health nursing course, has been appointed to the Hamilton staff.

Roslyn Stevenson, a graduate of the Winnipeg General Hospital, has been appointed temporarily to the Winnipeg staff.

Thora Hawkes has resigned from the Toronto staff.

Alice Marceau has resigned from the Montreal staff.

Mariette Bouchard has resigned as nurse-in-charge of the Sherbrooke Branch and has joined the R.C.A.F. Nursing Service.

Freda Swedlove has resigned from the Kingston staff and *Edith Johnston* has resigned from the Winnipeg staff to enter the R.C.A.M.C. Nursing Service.

Mrs. Dubeau has resigned from the Cornwall staff and has accepted a position with the Quebec Government Adoption Bureau in Montreal.

Florence Greenaway has been transferred from the Saint John Branch to be assistant superintendent of the Border Cities Branch.

An Important Appointment

Reference has already been made in the *Journal* to the establishment of an Institute of Psychiatry in connection with McGill University and the Royal Victoria Hospital. A carefully planned educational programme has been arranged which will afford instruction and experience in psychiatric nursing to student nurses and also to graduate nurses who wish to qualify for service in a field where they are so much needed.

Miss Fanny Munroe, superintendent of nurses in the Royal Victoria Hospital, announces that Miss Catherine Lynch has been appointed supervisor of nurses in the Institute and will shortly assume her duties. Miss Lynch has recently been awarded a travelling scholarship by the Rockefeller Foundation and is making a study of various psychiatric services in Canada and in the United States. She has had wide experience in this branch of nursing, first as superintendent of nurses at the Brandon Mental Hospital and later, in the same capacity, at the Provincial Mental Hospital in Ponoka, Alberta. She is specially interested in the integration of psychiatry into the general nursing course and, during her term of office at Ponoka, developed a well rounded four-year course which, by means of affiliation with a general hospital, leads to registration as well as qualifying nurses for administrative and educational work in the psychiatric field. The new Institute is indeed fortunate in obtaining the services of a supervisor who possesses such an excellent preparation for the important task which lies before her.

Notes from the National Office

Contributed by KATHLEEN W. ELLIS

General Secretary and National Adviser, The Canadian Nurses Association.

Plans mature for General Meeting

The April issue of the *Journal* carried a formal announcement of the programme for the general meeting of the Canadian Nurses Association which is to be held at the Fort Garry Hotel in Winnipeg from June 27 to 30, 1944, inclusive. Since this release, plans have been materially extended under the energetic leadership of Miss Marion Lindeburgh, the chairman of the programme committee.

All those attending the general meeting are urged to make railway and hotel reservations well in advance of the date upon which they will be required.

At the meeting of C.N.A. Executive Committee, held in March, it was decided that the meeting of the executive committee preceding the general meeting should be held on Saturday, June 24, in order to leave Monday, June 26, free for meetings of the Committee on Health Insurance and Nursing Service and of the Provisional Council of University Schools and Departments. The first session of the general meeting will open on Tuesday morning, June 27, as already planned; however, arrangements are being made for the whole, or part, of Saturday, July 1, to be set aside for an event in connection with nurse placement service which will be of special interest.

Nurse Placement Service: The attendance at the convention of Miss Anna Tittman, executive director of Nurse Placement Service sponsored by the Midwest Division of the American Nurses Association, will afford a unique opportunity for nurses interested in placement service to benefit by Miss Tittman's experience and advice. Miss Tittman has very kindly consented to devote Saturday, July 1, to a round table conference. This will be an opportunity to lay all cards on the table and to enjoy contacts with a specialist on placement service. It is hoped that nurses responsible for registries and placement bureaux, also private duty nurses and those in the hospital and other fields who are concerned with this important development, will take part in the discussion. A committee has already been appointed to make sure that maximum value is derived from this session.

The Question Box: As already announced, the session at the general meeting sponsored by the Committee on Nursing Education is to be held on Friday morning, June 30, when problems related to nursing education will be discussed under the caption: "Essential Educational Adjustments". A Question Box is to be a special feature of the session on Friday morning. It is devised to promote an opportunity for discussion of many questions relating to nursing education which may not be covered by the more formal presentations. The chairman of the Committee on Nursing Education wishes it to be known that special arrangements are being made to

deal with the questions, and that contributions to the Question Box will be welcomed. This session promises to be a very interesting one.

Meeting of the Executive Committee, C.N.A.

A meeting of the Executive Committee, Canadian Nurses Association, was held in Montreal on March 10 and 11, 1944, with the President, Miss Marion Lindeburgh, in the chair. With two exceptions, all provinces were represented. Some of the most important decisions and developments arising out of the meeting are outlined in the following paragraphs.

A Tribute: A resolution, unanimously endorsed at the meeting of the Executive Committee, Canadian Nurses Association, records a lasting and very fitting tribute: "that the Executive Committee record in the minutes of this meeting, its deepest regret at the loss of Miss Mabel Hersey and enduring appreciation of the contributions made by this beloved member of the Canadian Nurses Association. Furthermore, that a resolution of sincere regret be recorded at the loss of Miss Alice Ahern, a member whose enthusiasm and willingness to serve this Association will long be remembered."

Mary Agnes Snively Medals: The following recipients of the Mary Agnes Snively medals for the year 1944 are announced: Miss Marion Lindeburgh, O.B.E.; Miss Helen Randal; Miss Ruby M. Simpson, O.B.E. Nurses throughout Canada will learn with great pleasure of these awards to nurses whose outstanding professional contributions are so well known. Sincere congratulations are extended to them on behalf of the Canadian Nurses Association.

Nurses' National Memorial Service: The Canadian Nurses Association, in conference with the Overseas Nursing Sisters Association of Canada, has set the date for the Nurses' National Memorial Service as May 7, 1944. On this day, it is suggested that nurses throughout the Dominion arrange for a nation-wide memorial service which will afford a special opportunity for a rededication of nurses to nursing.

British Nurses Relief Fund: A summary of donations made from the British Nurses Relief Fund, presented at the last meeting of the Executive Committee, C.N.A., will be of interest to all nurses in Canada, as it is through their efforts that these donations have been made possible:

Royal College of Nursing, 1941 to 1944	$28,500.00
For supplies to nurses in Hong Kong	100.00
To provide a bed in the King George Merchant Seamen's Hospital, Malta	4,471.29
Assistance to nurses repatriated from the Orient	500.00
Total donations:	$33,571.29

The sum of $23,307.41 is still held as balance on hand. This includes a $5,000 Dominion of Canada bond.

Liaison Committee of the Canadian Nurses Association with the Canadian Medical Procurement and Assignment Board and with National Selective Service: Due consideration was given to possible affiliation with the Canadian Medical Procurement and Assignment Board which has been under discussion for some time. Instead of making further application to become an integral part of the Board, it was decided that for the present a committee of three should be appointed to act as a liaison with both the Canadian Medical Procurement and Assignment Board and National Selective Service. The following committee has been appointed to act until the general meeting in June, 1944: the president, Miss Marion Lindeburgh; the first

vice-president, Miss F. Munroe; the national adviser, Miss K. W. Ellis.

It is realized that the appointment of a committee will not solve the many problems which exist in connection with nursing service. The most promising answer seems to lie in active co-operation between hospital authorities and nurses. To secure this, it is strongly recommended that a committee representative of the Registered Nurses Association and the Hospital Association in each province should function. Furthermore, it is suggested that careful study be made of the recommendations dealing with working and living conditions for nurses, approved by the Canadian Nurses Association, and forwarded to hospital associations by the Canadian Hospital Council.

The fault for shortages and lack of stability of nursing service does not rest with nurses alone, but it is obvious that the response which the individual nurse makes in meeting the present crisis will definitely reflect on the future of nursing. To assist in stabilizing nursing service is the special challenge offered to the profession which every nurse must share.

Bursary Awards: Much study has been given to the shortage of nurses with special preparation to fill positions calling for this; even in normal times this shortage was marked. There is every assurance that bursaries through aid from the Federal Government will be available again this year and that announcements regarding them will be made at an early date. Furthermore, it is hoped that the amount of the bursaries will be increased.

Recommendations regarding bursaries approved by the Executive Committee, C.N.A., included the following:

1. That a definite sum of money be allocated in each province to cover actual bursary awards and that this amount be based upon the number of registered nurses in the provinces;

2. That while the final award of the bursary will rest with the national committee, each provincial association be asked to make definite recommendations regarding the awards;

3. That amounts for bursaries be as follows: (a) for long-term bursaries, a stated basic amount of $500; (b) for short-term bursaries, varying amounts depending on the length of course and whether or not maintenance is provided, the maximum not to exceed $250; (c) that assistance be given with travelling expenses in excess of $25, application for this to be made direct to National Office.

For long-term bursaries (one academic year or longer) awarded for 1944-45, applications should reach National Office not later than July 10, 1944, and the last date for the acceptance of short-term bursaries in National Office will be March 10, 1945. The courses for which these bursaries are used should begin not later than June 1, 1945. These dates seem a long way off, but submission of applications to provincial associations should be made as soon as possible.

Bursaries imply obligations: It should be remembered also that the award of bursaries is made for a specific purpose: to increase the number of well qualified nurses to meet very urgent needs *in Canada*. A reasonable requirement includes the condition that the recipient of a bursary give one year of nursing in Canada following the completion of the course. Nurses applying for bursaries are asked to plan accordingly. Even the return of the bursary, which is necessary if the nurse does not remain in Canada, does not compensate for the fact that possibly some other nurse has been deprived of the privilege of making the contribution for which bursaries are awarded. There is also an ethical obligation attached to return to a position from which leave of absence is specifically granted, and appreciation of this should rest with the individual. The opportunities which bursaries make possible are many.

The nurse of the future with special preparation will have definite advantages.

Health Insurance and Nursing Service: The recommendations prepared by delegates of the Canadian Nurses Association who attended the National Health Conference on Health Insurance which was held in Toronto in January, 1944, have been approved by the Executive Committee, C.N.A. They were presented and received for information only, and are of a general nature. It was recommended:

1. (a) That provision be made for organized registered nurses to take a recognized part in a co-ordinated service in order to ensure the effective use of all nursing resources and, furthermore, that on all committees dealing with matters relating to nurses and nursing service there be included well qualified nurses truly representative of national and provincial organizations of registered nurses and appointed in consultation with them; (b) that standards of education, professional ethics and direction affecting the profession be controlled by organizations representative of registered nurses; (c) that when appointments of nurses to positions are made under a health insurance plan, qualifications as determined by recognized standards approved by the national organization of registered nurses be applied.

2. (a) That, in any health insurance plan, adequate provision be made for financial support for nursing service to ensure satisfactory maintenance of these essential factors; furthermore, that special attention be given to the conditions in rural areas and in small hospitals where conditions of living and employment are often less favourable; (b) that, under a health insurance act, minimum standards covering these conditions be established to meet standards acceptable to organizations representative of registered nurses.

3. That bureaux be conducted under the supervision of registered nurses and that registered nurses and subsidiary nursing personnel be supplied through these bureaux; furthermore, that the rights of selection be made applicable to nurses as are being proposed for medical practitioners and dentists.

4. (a) That definite grants be made to approved schools and departments of nursing in hospitals and universities for educational purposes; (b) that, under a health insurance plan, provision be made for adequate and controlled clinical experience for student nurses, covering the curative, preventive, health and community aspects in all essential services: medical, surgical, obstetrical, pediatric, and psychiatric; furthermore, that hospital and school administrators give due consideration to the necessity of employing sufficient graduate nurses to support the demands of hospital nursing service; (c) that, in planning a programme to meet future needs through a health insurance plan, care be taken to adhere to recognized standards of admission and curriculum requirements.

5. That special consideration be given to adequate facilities for postgraduate work, and that special grants be made to universities and hospitals to assist in providing these.

6. That, in employing these essential workers under a health insurance plan, the recommendations of the Canadian Nurses Association regarding placement, supervision and control be made effective.

Proposed Changes in By-laws

The following amendments to the by-laws of the Canadian Nurses Association will be voted upon at the General Meeting of this Association to be held in Winnipeg from June 26 to 30, 1944:

Article VIII, Clause 1, shall be changed to read:

Annual dues for each Federated Association shall be one dollar per capita. All dues shall be paid not later than January thirty-first of each year.

The increase in annual fees from 75 cents to $1.00 per registered nurse to be paid by provincial associations is recommended by the Executive Committee of the Canadian Nurses Association to make financial provision for:

1. Increased representation at meetings, provided for in 1943 by a special levy paid by provincial associations, namely: (a) attendance at all meetings of the Executive Committee of the five officers of the Association, the General Secretary, chairmen of the three national sections; chairman of the committee on nursing education, a representative from each adjoining province; (b) attendance at one meeting of the Executive Committee each year of a councillor from each provincial association; it being understood that any province wishing more than one councillor to attend will meet the extra expense involved; (c) attendance at such meetings as the President may decide of members of special committees and members delegates for special duties.

2. The allocation of two hundred dollars to cover the cost of official entertainment by the President.

Article IV, Section 3, *par.* 2, shall be changed to read:

At the discretion of the Executive Committee, any of the duties of the Secretary may be delegated to a General Secretary.

Article IV, Section 4, *par.* 2, shall be changed to read:

At the discretion of the Executive Committee any of the duties of the Treasurer may be delegated to a General Secretary.

Amendments to Article IV, Sections 3 *and* 4 are recommended in order to conform to a decision reached at the meeting of the Executive Committee, C.N.A., held on June 7, 1943, namely: "that the name of the Executive Secretary of the Canadian Nurses Association be changed to that of General Secretary, as from October 1, 1943".

Resolutions and Recommendations for General Meeting

The following resolutions and recommendations (which are not affected by any of the foregoing proposed changes in the by-laws) have been referred from meetings of the executive committee and will be dealt with at the general meeting of the Canadian Nurses Association in June, 1944:

1. That the whole policy governing the Mary Agnes Snively Memorial Award be revised. A committee has been asked to accept responsibility of making recommendations for a report to the executive meeting.

2. That at the meeting in June, 1944, the resolution passed at the general meeting in June, 1934, supporting the policy of non-affiliation with other national organizations, be rescinded. It is felt that in the interests of the nursing profession and in order to support its objectives that the Canadian Nurses Association should be free to affiliate with any or such national organizations as is deemed advisable.

3. That the sub-committee of the Government Grant Committee prepare definite recommendations regarding a suggested policy for the future to be presented to the general meeting; these recommendations to be based upon suggestions solicited from the registered nurses associations in the nine provinces. It is hoped that the recommendation will receive careful consideration and that recommendations and resolutions will be forwarded by the provincial registered nurses associations.

4. That as the Joint Committee on Enrolment of Nurses for Emergency Service in War and Disaster has ceased

to function, that this committee be dissolved.

5. Lastly is included the recommendation that a very appealing invitation received from the Registered Nurses Association of Ontario to hold the general meeting in 1946 in Toronto be accepted.

Nomination Ticket, 1944-46

The following ticket has been prepared from nominations received from the provinces for offices in the Canadian Nurses Association, 1944-46. The position held by each nominee at the present time is indicated:

For President: Miss Fanny Munroe, Superintendent of Nurses, Royal Victoria Hospital, Montreal, Quebec.

For First Vice-President: Miss Rae Chittick, Instructor of Health Education, Normal School, Calgary, Alberta; Miss Gertrude Hall, Director of Public Health Nursing, City of Winnipeg, Manitoba.

For Second Vice-President: Miss Ina Broadfoot, Public Health Nurse, Department of Health and Public Welfare, Winnipeg, Manitoba; now Director of Home Nursing of Manitoba Division, Canadian Red Cross, on loan from the Department of Health and Public Welfare for the duration; Miss Ethel Cryderman, Director of Victorian Order of Nurses, Toronto Branch, Toronto, Ontario; Miss Nettie Fidler, Associate Professor of Nursing, University of Toronto, Toronto, Ontario.

For Honourary Secretary: Miss Evelyn Mallory, Associate Professor of Nursing, University of British Columbia, Vancouver, British Columbia; Miss Elizabeth Smith, Acting Director of Public Health Nursing Services, Department of Public Health, Regina, Saskatchewan.

For Honourary Treasurer: Miss Marjorie Jenkins, Superintendent, Children's Hospital, Halifax, Nova Scotia.

Activities of National Sections

The following summary outlines the principal activities of the National Sections:

Public Health Section: The chairman of the public health section reported staff education programmes as projects which public health nurses have been developing in interesting forms. Lending libraries were referred to as a helpful feature of these programmes. The formation of a group of industrial nurses as a sub-section within the public health section in the province was mentioned as an interesting development. Organization of Public Health Sections are reported in the nine provinces, three having been formed within the present biennium.

Hospital and School of Nursing Section: The report stated that Miss Gwladwen Jones of Toronto has been appointed convener of the sub-committee on instruction. A plan of study on the teaching of drugs and solutions is a national project now underway. Recommendations in the report also advocated the establishment in each province of qualifying examinations during the general nursing course, but as part of the examinations for provincial registration. It is felt that this development would be of definite value in raising and unifying standards in schools of nursing throughout Canada. Steps are being taken to promote the establishment of the eight-hour day but the need for further financial support for hospitals is felt to be essential if this objective is to be realized.

General Nursing Section: The chairman of the Section stressed the need for appropriate adjustments in salaries and hours of duty as essential factors in the stabilization of nursing service. She supported her statement by giving some pertinent examples of the favourable effect of these adjustments in specific situations. In two provinces, a creditable number of positions were filled which called for the services of general staff nurses. The difficulty of obtaining nurses for sanatoria was emphasized, although recent improvement was noted in some of these institutions. Plans for extension of registries in some of the provinces were reported; also the development in one province of educational programmes through community nursing registries, including provision of refe-

rence libraries. It was stated that the work being carried on by community nursing registries has received tangible recognition from several municipal councils.

Summary of Provincial Reports

The following is a brief summary of some of the most important activities of the provincial associations, as contained in the interim reports submitted to the meeting of the Executive Committee, C.N.A., held on March 10 and 11, 1944:

Alberta Association of Registered Nurses: As the result of a recommendation presented to the Board of Examiners of the University of Alberta in 1943, that board has agreed that instructors specialized in their own fields would be chosen to set papers for the registered nurses examinations and that they should meet in panel to mark papers following these examinations. At the request of the Council of the Schools of Nursing, University of Alberta, the A.A.R.N. sent questionnaires to all schools of nursing in the province regarding the granting of sick leave for student nurses. As an outcome of the replies received, the Association has submitted to the Council of the Alberta Association of Registered Nurses a recommendation that one week's sick leave per year (not cumulative) be allowed student nurses for a trial period of 3 years, after which time the matter is to be reviewed.

Committees whose activity has brought special mention are those on instruction, health insurance and reconstruction. The committees on legislation and subsidiary nursing groups have investigated the possibility of setting up legislation to cover the subsidiary worker under the Public Health Act. This was not, however, considered feasible by the Department of Health.

Projects undertaken through the assistance of the Government grant include postgraduate clinical courses and an administration course for nurse superintendents in small hospitals. Another summer course in public health, teaching and supervision is being planned. A travelling instructor is doing valuable work along educational lines and also in the stimulation of recruitment. A radio broadcast has been given over the University Station, Edmonton, and a record made for broadcasting over other provincial stations. Eighteen student nurses have benefitted by subsidies through the Dominion-Provincial Youth Training Plan.

Registered Nurses Association of British Columbia: A revision of the Registered Nurses Act was introduced at the present session of the Provincial Legislature. There was much active opposition in certain quarters to the requirement of high school graduation (with university entrance) as the entrance requirement to schools of nursing. Word has been received that the Act as presented by the Registered Nurses Association of British Columbia has been passed. Nurses in British Columbia are to be congratulated upon this successful outcome of their efforts.

The committees on health insurance and labour relations have been particularly active. The committee on labour relations has met monthly and in the intervals between meetings, members have attended meetings of other groups and have consulted experts. Representatives of the committee on health insurance and nursing service have had conferences with a sub-committee of the Committee on Medical Economics of the British Columbia Medical Association and as an outcome a committee to study mutual problems is being organized.

An institute on Job Instruction Training was held in February. Nurses from seven hospitals and two public health organizations attended. Miss F. McQuarrie, travelling instructor, plans to take the trainer's course in both job instruction and job relations and will then conduct these courses as she travels throughout the province.

Manitoba Association of Registered Nurses: Considerable committee activity is reported in this province. The Legislation Committee is preparing a brief with regard to licensing of the subsidiary worker which will be presented to a Department of the Government. A committee has been set up to study the question of the establishment of a provincial Placement Bureau. Joint committees are being formed with representatives of the Manitoba Hospital Association

to study the recommendations regarding salaries and working conditions for nurses as approved by the Executive Committee of the Canadian Nurses Association, also the matter of inadequate student nurse training in tuberculosis nursing. Each of the three sections has met to discuss and formulate recommendations regarding health insurance and a special meeting of the Manitoba Association of Registered Nurses was called to discuss and consolidate their findings. A new travelling instructor began her duties in January, and is now directing clinical postgraduate courses being given under the joint sponsorship of the Manitoba Association of Registered Nurses and certain Winnipeg hospitals.

An honorary life membership in the Association has been conferred on Mis Ethel Johns in recognition of her distinguished contribution to the nursing profession, both nationally and internationally.

New Brunswick Association of Registered Nurses: Plans have been made for an Institute to be held in Saint John. Lectures will be given in different phases of nursing, including administration, public health and general nursing.

The Executive Council of the Association has asked the present registry committee in Saint John to make a study with a view to the organization of a provincial Placement Bureau.

Registered Nurses Association of Nova Scotia: A provincial Placement Bureau is being organized with the present registrar-secretary as director. To accommodate the extra equipment and staff necessary to undertake this project, it has been necessary to secure a larger provincial office. The Bureau began to function on March 1. A refresher course for graduate nurses is to be given in six centres with Miss Norena Mackenzie in charge.

The subsidiary nurse question is being studied by the local branches of the Registered Nurses Association of Nova Scotia. Money from the Government Grant has been set aside to conduct a course for this group should the Association decide to authorize it after the study has been made.

Registered Nurses Association of Ontario: A convener for a recruitment programme began her duties in December. She has already addressed and interviewed personally a large number of students and it is felt that the report on the work accomplished during a six-months period will be very gratifying.

There are now eighteen organized registries in Ontario and other centres are considering the plan.

In connection with the Committee on Health Insurance and Nursing Service, the R.N.A.O. has made arrangements with a legal firm to be on the alert for any developments in connection with health insurance and nursing questions in general.

The Ontario Department of Health has been approached with reference to the need for a survey of nursing services, as well as working and living conditions, for staff in sanatoria, as a basis for the promotion of more adequate nursing service. The Minister of Health has replied that the question is receiving consideration.

Registered Nurses Association of Prince Edward Island: The regular meeting of the Association was held in February, when interesting reports were presented by their various committees. The Deputy Minister of Health spoke on social diseases and their control in P.E.I. A feature of the evening session was a demonstration on the nursing care of poliomyelitis by two of the nurses who attended the clinic given earlier at Dartmouth.

Registered Nurses Association of the Province of Quebec: Amendments to the Registered Nurses Act have necessitated much extra work and a number of changes in the provincial office. The Kardex system has been reorganized to include districts and to facilitate keeping a record of the membership in each.

A substantial amount has been granted in subsidies to student nurses and to high school students preparing for entrance to schools of nursing, through the Dominion-Provincial Youth Training Plan. In all $14,900 has been granted to student nurses since September, 1943, plus a further amount to high school students. The total number of subsidies issued was 85 in September, 1943, and 81 in January, 1944.

The registration of new members in 1943 was the highest on record, 1003 certificates being issued. Of these 90 were secured without examination under provision for the

same made in the Act up to the final date of December 23, 1943.

Saskatchewan Registered Nurses Association: A plan, approved by the Saskatchewan Registered Nurses Association authorities in the University and Department of Health, whereby a limited number of senior students would be sent to selected hospitals for a brief period of experience, has been initiated in one school of nursing. It is anticipated that in the near future there will be further developments under this plan, which it is hoped will afford students experience that will be of value to them in meeting their responsibilities in the future and also assist in relieving the acute nursing shortage in rural hospitals.

Considerable progress is being made in the reorganization of the Saskatchewan Registered Nurses Association into districts and chapters. At present four chapters are functioning in the three districts organized and reports have been received that other local associations are taking the necessary steps for reorganization.

With Government Grant aid six clinical instructors have been appointed to date in four schools of nursing, and it is considered that their work in conducting an organized clinical teaching programme has been highly successful and supports a sound policy which will have lasting repercussions. Under the Dominion-Provincial Youth Training Plan financial aid has been granted to a number of student nurses.

A special effort has been made to increase subscriptions to *The Canadian Nurse* with gratifying results. Publicity leaflets were sent in this connection to all members of the Saskatchewan Registered Nurses Association.

Overseas Mail

On Duty in Britain

The *Journal* was delighted to receive a long and interesting letter from Principal Matron Edith Dick who, at the time of writing, was on duty in England. Here are a few excerpts:

This winter the Matron-in-Chief has asked all units to develop staff education programs. Ours has been modest enough but has proved helpful. Once a week there is a staff lecture, which is a "parade". We have had speakers on rehabilitation, hospital supplies, hospitals in North Africa, and field hygiene. Miss Charley has spoken to us on public health in England and the acting-director of the American Nurse Corps, Captain McCafferty, spent an evening with us. Major (Principal Matron) Daisy Bridges of the Q.A.I.M.N.S., came down to tell us of her experiences in Egypt. There is physical training once a week and, in small groups, we have short courses which include drill, first aid, and lectures on ward teaching and management. Some of the Sisters have spent a week's leave in attending a course at one of the universities, usually Oxford or Cambridge. They have enjoyed these tremendously.

We live surprisingly normal lives over here and deserve none of the sympathetic concern which is sometimes expressed. A few of our number were posted to units proceeding overseas and we are always so eager for their letters. *They* are having adventure but *our* greatest adventures are all second-hand. A convoy from Italy reached this hospital a few weeks ago. In spite of severe wounds they were in excellent condition and are high-spirited and modest boys. Matron Nixon from the R.C.N. Hospital Ship called on us not long ago. She appears to be enjoying her work very much and always brings us news of Canada.

Last Sunday I visited a Casualty Clearing Station and saw what must surely be one of the loveliest gardens in England. Blue and white heather was in bloom, also primroses, polyanthus, a few rhododendrons, dwarf cyclamens and honeysuckle. When the weather is mild we hear a few notes from the thrushes and blackbirds.

On the Italian Front

Miss Martha Batson has been kind

enough to share with our readers a letter addressed to her by Principal Matron Nancy Kennedy-Reid:

We left England a few days after the men folk and were lucky to have a few days stop-over in North Africa. We had our first experience here of using our camp equipment, and of putting up our camp beds by candle-light, with Italian prisoners-of-war to help us, although they knew even less about it than we did. After about ten days we started out again to catch up our men folk and are now in good working order, and very busy. The Sisters have all been grand, and have worked hard. Things are evening out just now, and we have got used to the routine and are organized, but it has all been a wonderful experience for us all. The hospital is in three large buildings with wide corridors which also have beds. Our Mess is a wonderful affair — a large mansion, with a courtyard from which an imposing white stone staircase rises to the upper floors. The rooms are as large, with lofty ceilings; one half of the house has central heating, the other nothing, but we are not too uncomfortable.

The country round here is flat, with fields upon fields of olive trees, or does one call them groves? I was at a farm a few days ago and saw the oil being extracted. We are all wearing battledress, the laundry problem being quite acute but I like it. It is convenient, simple, and certainly in keeping with the conditions.

Somewhere in New Guinea

The following letter was also written to Miss Martha Batson by Lieut. Miriam King Lyons who is serving with the American Army Nurse Corps. Lieut. Lyons is a graduate of the School of Nursing of the Montreal General Hospital:

I left Australia a couple of months ago and while there was stationed near a good sized city for about a month, then up to the bush where we really put in some long hours of hard work. Medical tents were busier than surgical and I could give routine malaria therapy in my sleep. Up here in the jungle, we are completely cut off from civilization. No towns, no villages, not even a general store. Our quarters have cement floors and paper walls, which start two feet from the floor and end three feet from the ceiling. As I sit here by my candle I see a large rat contemplating me from the edge of my cot. Since they carry the typhus mite the catching and disposal of them amounts to a ritual involving everything and everybody from the chief nurse to the sanitation department.

We do our bathing *and* our laundry in the river. I don't know what we would do without that river. It is certainly a boon during the intense heat of the day, as there is an area "de-rocked" for swimming. The rainy season is upon us but sometimes we go for two days without a shower. Uniforms consist of khaki shirts with long sleeves (to ward off the mosquitoes) and slacks. This is work uniform, recreation uniform, and formal attire. I wonder if I'll ever don a white cap and starched bib again!

You would get extreme satisfaction out of the excellent nursing care these American girls are giving. I have never seen anything to equal it. When one takes into consideration the fact that there is no running water — drinking water is supplied by the chemical warfare department in Lister bags — that each ward can accommodate 100 beds, and one nurse covers it at night, temperatures range from 101 to 106 degrees (spongings indicated) and that many of these girls have been in this tropical climate for over a year, with one fourteen-day leave, you can wonder at the stamina of the female body! Personally, I'm proud to be a nurse.

In North Africa

The *Journal* is also indebted to Miss Batson for the following excerpts from a letter from Second Lieut. Marguerite Cérat, a graduate of the M.G.H. and serving with the American Army Nurse Corps:

Our set-up here is remarkable and though nature is at its worst with awful rains, wind and cold we manage. Can you imagine given minute nursing care to critically ill patients with a tin can for a wash basin and a peanut jar for an emesis basin? Yet our patients love

it here after the hardships of the front. We wear men's pants, shirts, and underwear for its impossible to wear a uniform in this weather. I have been working in the emergency but this past month have taken charge of a tent section. I am fortunate in having a special hut for my very sick patients. I have five nurses and many ward men so we do have enough help. We have every type of case from malaria to ingrown toe nails. Most of our cases are shrapnel wounds and battle casualties. These boys are wonderful patients and after seeing their fortitude and patience I will never complain again.

An Advanced Course in Public Health Nursing Administration and Supervision

Early last fall there came a request to the Toronto University School of Nursing from the Municipal Department of Public Health of Toronto for some teaching on the administration and supervisory level for the executive staff of the Division. This was arranged by the School and given for three hours on successive Friday afternoons from the middle of October until the end of March. To ensure discussion the enrolment was limited to forty and represented a senior group of administrators and supervisors from health agencies in and near Toronto. The general content of the course explored the contribution of the fields of psychology, education, industry and nursing to the problems of public health nursing at the administrative and supervisory levels, through formal teaching and discussion periods which provided a broad base upon which to study their application to public health nursing practice. This in turn took the form of lectures with discussion followed by a series of six seminar periods in which the group themselves provided leadership through planning and either directing or making formal contributions to the discussion.

Dr. Karl S. Bernhardt, Associate Professor of Psychology, emphasized the establishment of favourable social relationships in the supervisory process. He helped the class to understand better themselves and the human material with which they work in the educative function which is theirs. The contribution of education was interpreted by Mr. H. E. Elborn, Principal of the Toronto Normal School, assisted by two or three special lecturers. Certain formal principles of supervision in education were studied with emphasis given to the art of leadership, the democratic outlook and co-operative relationships. The humanitarian as well as the administrative and supervisory aspects of industry were represented by Mr. W. R. Laughlen, Superintendent of Personnel of the Massey Harris Company. Through this, the group acquired an understanding of organization within industry and of its relation to the community as a whole. Newer administrative and supervisory concepts in the field of nursing were presented by Miss N. D. Fidler and Miss Alma Reid of the staff of the School. The group was impressed with advances reflected in both general objectives and refinements of method in administrative and supervisory procedure in hospital nursing in recent years. Miss Amelia H. Grant, until recently Director of the Division of Public Health Nursing of the New York City Department of Health, proved to be an able interpreter of progressive practice in the fields of administration, supervision and staff education or "in-service training". Following this block of teaching, the many aspects of supervision were discussed in well planned seminar periods.

The group will long remember the teaching given by leaders in associated professional fields as will the influence of Miss Grant's visit continue to broaden and inspire. Not only has the class experienced intellectual refreshment and enrichment but already the results of the teaching are manifest in improved practice in the public health nursing staffs concerned.

— Florence H. M. Emory.

STUDENT NURSES PAGE

She Was a Good Patient

RUTH M. TOLLEY

Affiliating Student, Ottawa Civic Hospital

All was quiet on Fourth East just after midnight, when suddenly a call came through and the nurse hurried to open a bed for a patient coming in by ambulance. That patient was a nineteen-year-old student nurse who, on that eventful night, was a very sick girl. We will speak of her here as Jean although that was not her name. Before we follow the course of her illness let us look briefly into her background so that we may have some idea of the type of patient with whom we are dealing. Jean had a normal, healthy childhood and as she grew up, the idea of nursing as a career grew with her and she enrolled in a School of Nursing where she enjoyed her life as a student nurse. Her happy, fun-loving, yet sensible nature makes her popular among the other students.

On admission, soluthiazamide was ordered every two hours for two doses, then every four hours intravenously while 1000 c.c. glucose 5% was running, then intramuscularly. A lumbar puncture was done, and clear amber fluid, containing no tubercle bacilli or other micro-organisms was obtained. An x-ray showed two lightly calcified markings along the upper right bronchial tree suggesting that there might have been previous trouble in the right lung, but there was no family history of tuberculosis or other respiratory disease. There was some pain in the lower extremities, and the left knee-jerk on testing was definitely less than the right although the patient complained of a feeling of heaviness in the right leg. The order for soluthiazamide was changed to solu-dagenan every four hours intramuscularly.

Jean's condition remained much the same with a great deal of nausea, some vomiting and the severe headache persisting until three days later when it became less severe. Until then, because of the vomiting, glucose was given intravenously to prevent dehydration, the patient took fluids by mouth fairly well. She was given soft diet which she enjoyed. Meanwhile, by lumbar punctures, white blood counts, hemoglobin testings and physical examinations, the doctors were seeking a definite diagnosis. The cell count was too high for poliomyelitis, and although it was about right for tubercular meningitis, the latter is fatal and Jean was beginning to recover. Therefore the physicians finally agreed on a diagnosis of meningo-encephalitis.

Meningo-encephalitis is an acute inflammation of the meninges of the brain

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ONE OF Z.B.T.'s unusual advantages is its superior moisture resistance. And what could be more important, with tender infant skin to be protected against wet diapers and perspiration!
Z.B.T. Baby Powder contains olive oil. It is downy-soft and smooth, long-clinging. And that superior slide you can feel between your fingers will quickly tell you how effectively Z.B.T. helps guard against chafing.
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caused by a virus about which very little is as yet known. How it enters the body has not been discovered, but it reaches the brain through the lymphatics or perhaps the nerve trunks. The disease usually begins with a high fever, severe headache, a leukocytosis of from 12,000 to 20,000 per cubic millimeter, and mental confusion or delirium, often with pronounced signs of spinal-cord irritation. The course of the disease is usually stormy, but after two or three weeks, improvement begins which often initiates rapid and complete recovery. Fatality is highest under five years, lowest from ten to twenty years, after which it increases with age. In the treatment of meningo-encephalitis, complete rest is essential, with immobilization if necessary, and aspirin for pain. There is no known drug which acts upon the virus, but the patient is treated as for any acute fever. Frequent lumbar punctures are done as the spinal fluid is often under tension. This disease is not considered contagious but it is supposed that dissemination is by healthy carriers.

During the next few days Jean's headache disappeared, Kernig's reaction was negative, and she was looking and feeling much better. She progressed favourably and steadily, was put on a general diet, the solu-dagenan discontinued and she felt completely well and able to go home. However, one morning she awoke with epigastric pain, was nauseated and vomited once. Her white blood count was taken and she went to the operating room for an appendectomy. Naturally, this was quite a blow to the young lady, but, determined to break all records for a rapid recovery and return to her work, she progressed very favourably and had very little operative discomfort.

One morning two weeks later told a different story and the doctor on his rounds found her propped in high Fowler's position with wheezing dyspnoea, and a frequent and troublesome cough. Her pulse was rapid but of good volume, her temperature was 100° and she was perspiring very freely. Sinapisms were applied to her chest and sulphathiazole was administered every four hours. By the next day, the patient was coughing less frequently, breathing more easily and her temperature was almost normal. That day the clips were removed and the incision was found to be healing satisfactorily. Very soon Jean's chest was almost clear and this undaunted girl was once more counting the days until she could be discharged.

During her primary illness, Jean required very careful nursing care. Each morning she was given a thorough bed bath and her back was massaged with alcohol and powder so as to relax the muscles and relieve backache. Since a continuous intravenous injection of glucose ran for several days, Jean's arm was bandaged to a board and made as comfortable as possible with pillows. Headache was so severe that she had to be moved very gently, and unnecessary noise was avoided. Because of her feverish condition, mouth care was important, and forced fluids also helped to keep a clean mouth. For the first few days while vomiting was frequent, Jean was kept flat in bed without a pillow, but as she began to be less nauseated the bed was raised to low Fowler's position and a pillow given for more comfort. The patient was turned frequently to prevent pneumonia developing as a complication, as will as to rest her back, and pillows under shoulders and knees added to her comfort and prevented pulling on the incision.

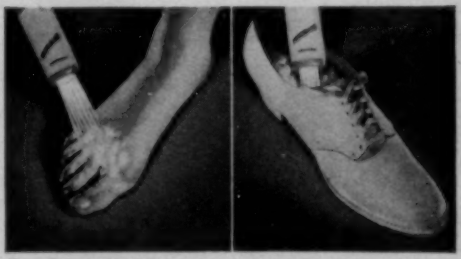
On her discharge, Jean went to her home to spend a quiet six months convalescing before again taking up her nursing career. She was an excellent patient, co-operating with the doctors and nurses and not demanding more than her share of attention even when

Photo U.S.A.

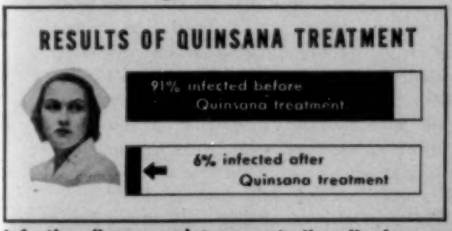
WAR EFFORT SPEEDED BY NEW SUCCESS OVER ATHLETE'S FOOT

Look for symptoms of Athlete's Foot—chronic peeling between toes, cracks, soggy skin, itching.

EVERY NURSE must keep her *feet* in most perfect condition to keep working and marching to victory. But Athlete's Foot is a real threat, as surveys show it infects 7 out of 10 adults—including nurses—sometime during the year. And the disease rages at its worst in the presence of heat and perspiration during summer! Fortunately, a new fungicidal powder—Mennen *Quinsana*—is scoring great successes against Athlete's Foot. Quinsana action is based on knowledge that the fungi which cause the infection cannot live under certain *alkaline* conditions, and may thrive in shoe linings, as well as on feet, creating a vicious circle of *re-infection*.



Use 2-way treatment with Quinsana as regularly as soap and water, to help *prevent* as well as to get quick, effective relief from Athlete's Foot. Even mild cases may suddenly become serious. Inflammation may mean *germ* infection; see physician. (Quinsana is also excellent for excessive perspiration, foot odor). *Pharmaceutical Division, The Mennen Company, Toronto, Canada.*



Infection disappeared in practically *all* of many test cases among nurses using Quinsana (see chart above). Quinsana is fungicidal, bactericidal, non-irritating, highly absorbent.

acutely ill. During convalescence, she was cheerful and happy and helped to keep the other patients in good spirits also. Having a good appetite in health, she ate fairly well when sick, and because of her training realized the importance of large quantities of fluids in the treatment of fever. She also knew the value of obeying the orders of the doctors to the letter and this aided in speeding her recovery. Her stay in hospital made her realize as never before the value of health and the need for keeping up resistance against disease. Her experience as a patient should better equip her, in her nursing career, to place herself in the position of her patients and treat them mentally as well as physically.

In following this patient's history, I have learned about a disease of which I previously knew nothing and with which I had no dealings in a practical way. Another lesson I learned was the importance of watching for complications and not growing careless when the patient seems to have recovered.

A New Incentive in Nursing

JEAN MCARTHUR

Florence Nightingale was the founder of the nursing profession as it is known today and, against bitter odds, fostered the true nursing spirit. She worked in cold rat-infested hospitals, lacking the proper equipment to save the lives of the soldiers. She did not have enough nurses to help her and those she had were not trained. There was no relief shift. She worked long hours tirelessly, carried on by her unconquerable determination to give every soldier the best at her disposal.

Today we have all the things she lacked—well-equipped hospitals, trained nurses working on regular shifts, high standards of cleanliness and aseptic technique. Have we advanced correspondingly in the spirit of nursing that Florence Nightingale demonstrated? I think we will agree that there we have slipped. Things have been easy but we ask to have them easier. We ask for an increase in salary or for shorter hours; we complain about the irritability of our patients or of the other nurses. Are we then of a poorer calibre than the nurses of Miss Nightingale's day? No! There are the same qualities in us of self-giving, willingness to sacrifice and to work hard. Just read of the job our nurses are doing in North Africa, in India or in the far north in Canada. They live for their work, put into it all they've got, and don't count the cost. They are pioneering again. It is because they are doing jobs bigger than themselves which call forth all their reserve of initiative and daring.

Either we nurse, or we don't nurse — an end to half-hearted nursing that breeds boredom, irritability and discontent. We need to face our motives, or lack of motives and get a real sense of consecration about our job — not for what it will mean to ourselves but for what it will mean to the life of the nation.

A nurse must be gossip-proof and must accept the responsibility that comes with the confidence given by her patient. If she is to lift her patient's thinking she must have the authority which comes from high standards in her own life. Compromise lets down standards all along the line. A nurse can become a home-builder and a nation-builder. By the quality of her work, she can send patients back to their jobs with a new pride in perfect workmanship. She can help a patient straighten out friction at home or on the job by an honest apology. She can teach a new health rule — to build a happy home, where the family love one another, and work together to produce a spirit of "give" rather than "get" in the community.

As we nurses accept our true destiny, Canada will become healthy and morally strong. The true spirit of nursing will return, here at home, when we begin to pioneer — and there is a pioneering job to be done — to nurse with our hearts as well as with our hands.

WAR INDUSTRY requires a colossal supply of manpower.
Already a large percentage of it is provided by a working army of women. Doing men's work, they will need the stamina of men to perform vital tasks with sustained efficiency. Moreover, the war will demand the best efforts of millions of women engaged in farm, household and home defense work.

'RIONA' capsules can improve the efficiency of female workers by combating the physiologic "slow-down" periodically experienced by most normal women between the ages of fourteen and forty-five. 'RIONA' capsules contain 'Propadrine' hydrochloride, ¾ gr., acetophenetidin, 2 gr., and aspirin, 3 gr. In the treatment of dysmenorrhea, the analgesic effect of aspirin and acetophenetidin is aided by the antispasmodic action of 'Propadrine' hydrochloride on the myometrium.

'RIONA' capsules are also indicated for the symptomatic relief of headache, neuralgia, rhinitis and malaise associated with hay fever or the common cold. 'RIONA' capsules, individually wrapped in cellophane, are supplied in boxes of 100.

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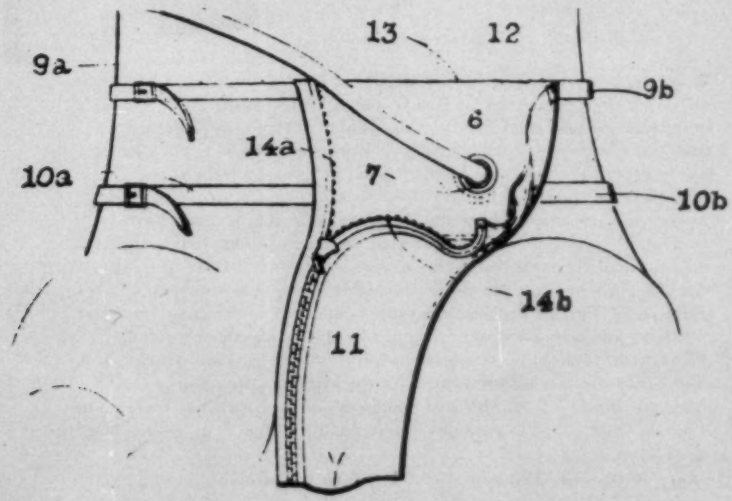
'RIONA' *Capsules*

A Colostomy Irrigation Apron

GLADYS MOORHEAD

A very ingenious and practical device has recently been invented and patented by Gladys Moorhead, a private duty nurse. This is an irrigation apron which makes it much easier for patients who have undergone colostomy to do the necessary irrigations for themselves with a minimum of difficulty and discomfort. Miss Moorhead describes the situation which led to her invention as follows:

The patient for whom I made the original apron was my first colostomy case during my several years of private duty nursing. She had had a permanent colostomy and returned from hospital at the end of four weeks with different types of colostomy irrigation apparatus. I went on duty with her when she returned home and was finding it very difficult to use the apparatus which had been suggested to her. Knowing a little bit about sewing, I thought I might be able to make something which would make the procedure easier and the final result was the "irrigation apron". She was very grateful and felt that others with the same affliction would be interested so she persuaded me to patent it and show it to the Ottawa surgeons. The patient felt that



Guide to above diagram: 6. Upper part of inner shield reinforced with a second thickness of material. 7. Window or opening which fits over the colostomy. 9a, 9b, 10a, and 10b. Adjustable bands extending from each side of the colostomy apron. 11. Outer shield stitched to inner shield along one side — this is wider than the inner shield in order to make it funnel-like and is left open at the bottom and top. 12. Vertical edges stitched together. 13. Reinforced binding along top of both inner and outer parts of apron. 14a and 14b. Some type of fastener, preferably a zipper.

Yes, There You Are Dreaming!

It won't be long now until your Graduation Dream comes true. When it does, you'll want to look your very best. How about your hands — are they as soft and well-groomed as you would like them to be? Because we know how much Pacquins Hand Cream can do for your hands, we invite you to treat them to Pacquins Hand Cream. It will help you to prepare for that "day of days". You'll be truly amazed at how quickly your hands will become smooth and lovely to touch. Pacquins Hand Cream's exclusive formula was developed especially for nurses, doctors and dentists — because their hands are in harsh solutions dozens of times a day. You'll like Pacquins Hand Cream from the first time you try it. It sinks deeply into the skin to help restore the natural skin oils and leaves no trace of stickiness. Our congratulations on your Graduation!

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HAND CREAM

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she would never be able to look after herself if she used the other types of colostomy apparatus because they seemed so complicated but she has been using my irrigation apron for six months now and tells me her outlook on life has entirely changed.

The object of the irrigation apron is to provide a colostomy irrigation device that is entirely safe, affording secure covering to the cicatrix and to the person when conveying the return flow to the toilet. Further, it provides an irrigation shield wherein the return flow is open to observation thus enabling the success of the procedure to be determined with certainty. The apron can be simply and quickly applied, is comfortable to use and thoroughly sanitary. It is light in weight, is characterized by its structural simplicity, durability and efficiency, and should be capable of production and sale at a reasonable cost.

With this improved apparatus, the colostomy patient's irrigation difficulties are reduced to the minimum, thereby lessening the inconvenience, discomfort, embarrassment and derangement of the normal life of the individual.

Obituaries

Mrs. R. Arnold (Cora Creeper) died recently at the Ottawa Civic Hospital. She was a graduate of the School of Nursing of St. Luke's Hospital, Ottawa, and was a member of the Class of 1921. Her many friends are deeply grieved by her death.

Eleanor J. Johnston, formerly superintendent of nurses in the Orillia General Hospital, will long be kept in affectionate remembrance by all who were associated with her. Her greatest pleasure was derived from her close contact with her student nurses. An irresistible humour helped to lighten many a difficult situation and her unselfish life was dedicated to the service of mankind.

Margaret Moore died recently at the Ottawa Civic Hospital after a long illness. Miss Moore was a graduate of the School of Nursing of St. Luke's Hospital, Ottawa, and was a member of the Class of 1916. She was engaged in private duty for a short time but later served successively in the pathological departments of St. Luke's Hospital and the Ottawa Civic Hospital. She took a keen interest in her work and will be sorely missed by her colleagues and friends.

Irene M. Norcross died recently at her home near Duncan, British Columbia. Miss Norcross was a graduate of the School of Nursing of the Vancouver General Hospital and was a most conscientious nurse who won admiration and affection from her many patients. Her hobby was writing and, at the time of her death, she was engaged in writing a novel which she intended to enter in a contest sponsored by the Authors Association of which she was herself a member. Miss Norcross will be greatly missed by a wide circle of friends.

Please Help the Red Cross

The Canadian Red Cross Society, Quebec Provincial Division, is anxious to expand its educational campaign in home nursing and first aid in Montreal and throughout the Province. The Red Cross relies on the collaboration of nurses for the success of this teaching programme, therefore nurses who are willing to give such courses are invited to send their name, address and telephone number to Miss A. Martineau, R. N., Director, Home Nursing and First Aid Department, 1109 Sherbrooke Street, West, Montreal. Nurses holding certificates as instructors in first aid are requested to mention it.

From Newfoundland

Cottage Hospital
Come-by-Chance

Marooned here on a supervisory trip. Ice encased on rails which must be handpicked for 80 miles. Two engines off the track—one having spare parts, including a temporary track, rushed to it by dog-team. One doesn't wring one's hands at the delay. The air is invigorating and gives one a mental balance. There is a lot to be said in favour of the contemplative life. I am accompanied by Miss Pratt, the Junior Red Cross organizer, who visits the schools while I do the districts. We walked about two miles through the woods and came across the quaintest little school. It was at one time a church and was sawed off so that the Gothic windows come to your knees. There's a platform on which is a little organ and a pulpit. Below is the teacher's desk. It had only three legs so she sawed off a broom-handle and made the fourth. The school-church serves two families and was moved from across the river for that purpose and set up on the edge of the pond. The school attendance is seven. They have a Junior Red Cross Branch newly organized which got a can of paint from St. John's, enough to paint the teacher's desk, and they are now saving enough to get another can for the door. The youngsters are rosy-cheeked and shy. Miss Pratt has a hand puppet and does wonderful things with it. It's a rabbit and a particularly happy and silly one. He's, of course, the model child, loves the teacher, cleans his teeth, and has his neck and ears scrubbed off! The children trail Miss Pratt down the road as though she were the Pied Piper to have another look at Peter Rabbit, who goes from place to place in a brief-case.

— SYRETHA SQUIRES

District Nurse for the Yukon

The Federal Department of Indian Affairs has recently created a challenging new position and has appointed Miss Minnie Hackett to fill it. She is to be the district nurse for the southern Yukon and will do generalized public health nursing among the Indian po-

When Increased Metabolism Increases Nutritional Needs

The relatively high metabolic rate of children, which during health is reflected in the large demand for essential nutrients and calories, is substantially increased by infectious diseases. High temperatures especially raise the metabolic requirements.

With children, satisfaction of these higher nutritional levels is apt to create serious problems, because anorexia is a prominent feature of most illnesses. Attractive, highly nutritious, well-tolerated foods must be given to prevent damaging nutritional derangements which in turn retard recovery. Ovaltine is a delicious food drink which meets these requirements.

It is particularly relished by children, who usually take it as often as the physician deems necessary. Its rich supply of essential nutrients, in readily assimilated form, goes far in preventing weight loss and tissue wasting during febrile illnesses. During convalescence it hastens return of strength and former vigor.

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REGISTRATION OF NURSES
Province of Ontario

●

EXAMINATION ANNOUNCEMENT

●

An examination for the Registration of Nurses in the Province of Ontario will be held on May 31, June 1 and 2.

Application forms, information regarding subjects of examination and general information relating thereto, may be had upon written application to:

ALEXANDRA M. MUNN, Reg. N.,
Parliament Buildings, Toronto

AN UNUSUAL OPPORTUNITY

The **Girls' Cottage School** is a public service for non-Roman Catholic girls in the Province of Quebec who need special training and care. Situated in Sweetsburg, near Montreal, the members of its staff are specially qualified to carry on a full rehabilitation programme which includes academic instruction as well as practical training in home economics and mothercraft. Every effort is made to provide recreation and promote physical development.

In order to develop the health aspects of this programme, the services of a **Registered Nurse** are required. Applicants should possess an aptitude for helping adolescent girls to work out their own problems.

For further information apply to the: **Field Secretary**
Room 216, 1421 Atwater Ave.
Montreal, P. Q.

pulation. Miss Hackett has already had nine years of most valuable experience in the Far North and helped to organize the hospital in Aklavik. For the past few years she has been public health nurse in Brant and Waterloo counties in Ontario.

Refresher Course in Nova Scotia

A special course for graduate nurses in hospitals in now being sponsored by the Registered Nurses Association of Nova Scotia. The course is under the direction of Miss Norena Mackenzie, a graduate of the McGill School for Graduate Nurses, and formerly superintendent of nurses at Jeffery Hale's Hospital, Quebec City. Arrangements were made whereby this course was given in Sydney, Glace Bay, and Antigonish. It will be continued in Truro from May 11 to 17, inclusive, in Kentville from May 19 to 25, inclusive, and will be repeated in Halifax from May 26 to June 1, inclusive. The course is designed to aid hospitals to stabilize their nursing service at this difficult time and will serve as a refresher for the senior head nurses as well as offer guidance to the junior head nurses who, in many cases, have had to assume responsibility without having had time to become adequately prepared for it. The main subject will be "The Hospital Head Nurse — an Interpreter of Nursing". Under this heading the following topics will be discussed: (1) meeting the patient's needs; (2) the student — a person and a nurse; (3) the strategic position of the head nurse; (4) ward teaching; (5) the preparation of the head nurse.

Ontario Public Health Service

The Ontario Department of Health has announced the formation of a Division of Public Health Nursing with *Edna L. Moore* as Director.

Edna Squires, supervisor, Division of Public Health Nursing, Ontario Department of Health, has received a Rockefeller travel grant through which she will visit the health services in Georgia, Tennessee, Baltimore and New York State.

Mrs. James C. Walker, née Stafford (Hamilton General Hospital and University of Toronto public health nursing course) has resigned from the Board of Health, Dundas.

NEWS NOTES

ALBERTA

The second meeting of the season of Edmonton District No. 7, A.A.R.N., was held at the Misericordia Hospital. We discussed the benefit of day nurseries to married nurses who desire to come back into the profession to help during the shortage. It was decided to send letters to the Training School Offices and Alumnae Associations of the various city hospitals asking them to obtain the names of nurses desiring this service. This list will later be sent to the City Council, which body has already received a request for this service. Plans were also made for our forthcoming annual convention which is to be held in Edmonton.

Following the business meeting the public health nurses provided entertainment which took the form of a technicolour motion picture of the Lamont Nutritional Camp which was held last summer for undernourished boys. The film was most interesting and educational.

The following officers have been elected for 1944: chairman, Helen McArthur; first vice-chairman, G. Bamforth; second vice-chairman, Rev. Sr. Keegan; secretary, R. Ball; treasurer, I. Underdahl; committee conveners: program, M. Franco; membership, B. Emerson; representatives to: Local Council of Women, V. Chapman; *The Canadian Nurse*, E. Matthewson.

BRITISH COLUMBIA

A most interesting talk was given at a recent meeting of Trail Chapter, R.N.A.-B.C., by Miss Dorothy Mickleborough, western supervisor of the Victorian Order of Nurses. Miss Mickleborough first outlined the early history of the V.O.N. and then spoke of the shortage of public health nurses and of the scholarships which the Order is giving to help nurses take their public health course. She also suggested that we should study the new health insurance plans which are being formulated to see if there were any improvements we could suggest before the law is passed.

The officers elected for 1944 are as follows: president, Miss Dorothy Paulin; secretary, Mrs. S. McKinnon; treasurer, Miss Mary Weir.

Vancouver General Hospital:

The Alumnae Association has just finished a very successful year, and the meetings are a grand get-together, and are becoming bigger and better as time goes on. The programmes have been excellent. Why don't you come sometime — first Tuesday of each

MUMMY!
MY NURSE USES
PALMOLIVE, TOO!

Sonny, you will find Palmolive wherever people are particular about cleanliness —especially in hospitals. You see, Palmolive cleanses *thoroughly*, yet ever so gently. It just can't irritate your tender skin because it's made to give a soft, soothing lather that guards your skin and keeps it healthy as you grow.

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KEEP THAT LOVELY
SCHOOLGIRL COMPLEXION!

WANTED

Applications are invited for the position of **Instructor of Nurses** for a 75-bed hospital in **Nova Scotia.** Duties are to commence on September 1, 1944. State salary required. Apply in care of:

Box 16, The Canadian Nurse, 1411 Crescent St., Montreal, P.Q.

WANTED

A **Lady Superintendent** and **two General Duty Nurses** are required (for the duration of the war at least) for a 25-bed hospital. State qualifications and full particulars in first letter to:

The Superintendent, Soldiers' Memorial Hospital, Middleton, Annapolis Co., N.S.

WANTED

A **Junior Classroom Instructor** and an **Assistant Night Supervisor** are required for a 1500-bed **Mental Hospital** with affiliated School of Nursing. Eight-hour day and six-day week; full maintenance and uniforms. State, in first letter, date of graduation, experience, references, etc. Apply to:

Superintendent of Nurses, Hospital for Mental Diseases, Brandon, Man.

WANTED

Applications are invited for the position of **Classroom Instructor** in a 150-bed hospital for **July 15.** State experience, qualifications, and salary expected. Apply to:

Superintendent of Nurses, Sarnia General Hospital, Sarnia, Ont.

WANTED

A **Graduate Nurse** is required for **General Duty** in a small **Medical Clinic.** Apply to:

Box R, Ormstown, P.Q.

WANTED

A **Superintendent of Nurses** is required for a 150-bed hospital. Apply, stating full particulars, to:

H. J. Higgins, Secretary, Aberdeen Hospital Trust, New Glasgow, N. S.

WANTED

An **Instructor** is required for the **School of Nursing** of the **Woodstock General Hospital** in **Ontario.** Position is open on **August 1.** Apply, stating qualifications, experience, and salary expected, to the:

Superintendent, Woodstock General Hospital, Woodstock, Ont.

month? You'll see ever so many you know and perhaps have forgotten ever existed. The new executive consists of: honourary president, Elinor Palliser; president, Mrs. Logan Findlay; first vice-president to be appointed; second vice-president Mrs. A. Grundy; recording secretary, Mrs. Ralph Wilcox; corresponding secretary, Mrs. Robert Twiss; treasurer, Mrs. F. L. Faulkner.

The new assistant superintendent of nurses is one of our own graduates, Catherine Clibborn, and the choice is a very popular one. Miss Clibborn has been instructress of nurses at the University of Alberta Hospital, Edmonton, for some time.

Anne McPhee and Mary Lewis are with the U.S. Army Nurse Corps in Australian areas. Irene Willis is a second lieut. in the U.S.A.N.C. Eula Ledingham and Julia Walters have recently joined the R.C.N. Nursing Service. Beatrice McNair is Matron of "Hycroft", now an annex of Shaughnessy Military Hospital J. Carter is on the staff of the Elsie Ballet Hospital, Amersfoont, Transvaal, S.A. Anne Copithorne recently returned from Angola (Portugese West Africa) where she has been pioneering among the natives as public health nurse in a mission hospital. With no doctor within miles she had to resort to untold of procedures. We hope to hear more about her work at one of the Alumnae meetings in the near future. Thelma Baker, Margaret Dobbin and Audrey Hopkins are back after serving a year with the South African forces.

MANITOBA

At a recent meeting of the Brandon Graduate Nurses Association plans were made to send several delegates to the annual meeting of the M.A.R.N. Announcement was made of the annual dinner and dance in honour of the graduating class of the Brandon General Hospital. Miss Elizabeth Russell of the Department of Public Health was guest speaker. Her talk on health insurance and its effect on nurses was of great interest to all. The private duty section had charge of the social hour.

NEW BRUNSWICK

At a recent meeting of the Moncton Chapter, N.B.A.R.N., plans were discussed and adopted for a registry for private duty nurses in Moncton and surrounding districts. Miss Myrtle Kay was appointed as registrar. Later the members were guests of the Moncton Medical Society when Dr. Digby Leigh gave an interesting lecture and film on modern anesthesia.

F. Hayes, D. Godfrey, J. Baines, and E. Crawford have left the Moncton Hospital staff to join the R.C.A.M.C. Nursing Service.

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Keep them healthy—let Baby's Own Tablets help you. Pleasant, simple tablet triturates, they can be safely depended upon for relief of constipation, upset stomach, teething fevers and other minor ailments of babyhood. Warranted free of narcotics and opiates. A standby of nurses and mothers for over 40 years.

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Nugget is also available in Black and all shades of Brown.

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(the cake in the non-rust tin)

WANTED

The **Vancouver General Hospital** desires applications from Registered Nurses for **General Duty.** State in first letter date of graduation, experience, references, etc., and when services would be available. Eight-hour day and six-day week. **Salary:** $95 per month living out, plus $19.92 Cost of Living Bonus, plus Laundry. One and one-half days sick leave per month accumulative with pay. One month vacation each year with pay. Apply to:

Miss E. M. Palliser, Principal and Director of Nurses, Vancouver General Hospital, Vancouver, B.C.

WANTED

A fully qualified **Instructress** is required **immediately** for a 100-bed hospital. Apply, stating age, qualifications, and salary expected, to:
Miss Agnes S. Pearson, Superintendent, Dauphin General Hospital, Dauphin, Man.

ONTARIO

Editor's Note: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Irene Weirs, Department of Public Health, City Hall, Fort William.

District 4

HAMILTON:

A recent report issued by the Alumnae Association of the Hamilton General Hospital indicates that the quarterly meetings have been well attended and that the interesting programs have been much enjoyed. Assistance was given in wiping out the deficit in Provincial R.N.A.O. funds and there has been active co-operation with the Red Cross Society and the Local Council of Women.

The Mutual Benefit Association is in a sound and prosperous condition and the benefit for members who are ill and are receiving care in their own homes has been raised to seven dollars a week over a period not to exceed eight weeks in any one year.

Every member of the Association is a subscriber to *The Canadian Nurse* and the editor has frequently expressed her sincere appreciation of this unfailing and loyal support.

The officers elected for 1944 are: honourary president, C. E. Brewster; president, Mrs. Agnes Massie; first vice-president, Ella Baird; second vice-president, H. Fasken; recording secretary, C. Lelue; assistant recording secretary, I. McCutcheon; corresponding secretary, E. Ferguson; treasurer, Mrs. W. N. Paterson; assistant treasurer, Mrs. Alice Smith; secretary-treasurer, M.B.A., J. Harrison; committees: executive, M. Watson (convener), E. Bingeman, C. Inrig, G. Hall; program, Mrs. S. W. Roy (convener), Mrs. J. Rennick, C. Sheppard, Marion Campbell, L. Alton; flower and visiting, Miss M. Farmer (convener), Miss Lang, J. McBride, H. Sabine; budget, Mrs. S. W. Roy (convener), Mmes W. N. Paterson, M. Smith, N. Coles; membership, E. Gayfer (convener), M. Kennedy, D. Harrison, A. McMillan; publication, M. Farmer; representatives to: R.N.A.O., C. Inrig; Local Council of Women, N. Coles.

District 6

A change in the rate schedule was announced by the private duty nursing section at a meeting of Chapter C, District 6, held in St. Joseph's Hospital. These changes will bring private nursing in Peterborough on a par with practically all other cities in the province of Ontario.

Announcement was also made that the net proceeds, amounting to over $70, from the recent tea sponsored by the Chapter, would be used to assist the nursing profession in the national emergency, by aiding with the recruiting of student nurses, and in the development of scholarship funds. Miss M. McAuliffe presided.

Eight student nurses, in crisp, trim uniforms, served guests at the spring tea, sponsored by the Peterborough Chapter. A feature of the afternoon was the display set up in the library. Posters about the various phases of nursing, and the different branches of nursing open to prospective students were shown, and an idea of the scope of the work was given. Projects of the student nurses were on display, and a miniature village

showed the difference between the nursing of long ago and the up-to-date methods of today.

District 8

The annual meeting of District 8, R.N.A.O. was held recently in Ottawa. The overflowing attendance signified the increased interest in present-day problems and the eager desire to assist in their solution. On the invitation of the organization, many student nurses attended the meeting.

The guest speaker, Major Leroux, Director, Division of Venereal Disease Control, Department of Health of Ontario, presented facts concerning the venereal disease problem in Ontario and outlined the program of control which has begun. Two excellent films followed the address. Miss Blanche Anderson gave a short but timely talk on "Nursing Trends."

Reports were presented by Winnifred McWhinnie, Cornwall Chapter; Marjorie Young, Pembroke Chapter; Christine Livingstone, Public Health Section; Isobel Dixon, General Nursing Section; Winnifred Cooke, Hospital and School of Nursing Section; Rev. Sister Madeleine, membership committee; Christine Stewart, finance and nominations committee; Bessie Jackson, representative to *The Canadian Nurse*. Reports revealed marked progress and a steady increase in membership.

Ottawa General Hospital:

At a recent meeting of the Alumnae Association of the Ottawa General Hospital Miss Helen O'Meara, of the teaching staff of the University of Ottawa School of Nursing and director of its public health course, spoke on public health nursing in the post-war world. An interesting historical account of the typhus epidemic in Bytown in 1847 was given by Sister Paul Emile, M.A., Litt.D., archivist of the Grey Nuns of the Cross, who brought to light the valiant work done by members of her community to alleviate the suffering of the plague stricken victims.

Lucille Brulé has accepted a position as industrial nurse with Vail's Laundry, Ottawa.

PRINCE EDWARD ISLAND

Verna Darrach, who resigned as director of the Junior Red Cross in P.E.I., has joined the R.C.A.M.C. Nursing Service. She has been replaced by Mabel Grant of the P.E.I.H. Barbara Smith, of the Provincial Sanatorium staff, resigned to join the R.C.A.M.C. Nursing Service, and has been replaced by Mary Handrahan. Vera Allan, of the Prince County Hospital, has also joined the R.C.A.M.C. Nursing Service.

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QUEBEC

Royal Victoria Hospital:

The Alumnae Association dinner in honour of the graduating class was held recently. The tables were decorated with spring flowers and pastel coloured candles and, in honour of the fiftieth anniversary of the Hospital, the place cards were particularly appropriate being done in black and white with a tiny pen and ink sketch of two nurses, one in the uniform of 1894 and the other the 1944 graduate, holding between them the coveted R.V.H. pin.

The toast to the class was proposed by Mrs. M. A. Stanley and Miss Janet Roberts responded. Miss Fanny Munroe announced the prize winners. Everyone was delighted to see Col. Elizebeth Smellie who gave the address.

Miss Maxine Ward, B.Sc., is the school nurse at Lisgar High School, Ottawa. Mrs. B. Scott (Nancy Hirsch) is the school nurse at the Commercial High School, Ottawa.

McGill School for Graduate Nurses:

A general meeting was held at the School recently with an attendance of over 60. The members assembled in groups according to classes when refreshments were served, following which a most interesting and stimulating business meeting was held. Mrs. R. W. Reford, an honourary member of the Alumnae Association who follows the activities of the School with keen interest, was present. Miss Lindeburgh gave a brief outline of the history and proposed plans of the School. This year marks the highest number of students ever registered.

A special vote of thanks was given to Miss E. Frances Upton for her outstanding contribution to the School as chairman of the Special Finance Committee. When plans were being discussed for entertaining the graduates of this year Mrs. Reford generously contributed $100 towards same.

Margaret Denniston (Teaching, 1930) has returned to Montreal and is on the staff of the Montreal General Hospital; Mary Alice Gage (T. & S., 1941) has resigned from the staff of the Homoeopathic Hospital of Montreal and has accepted an appointment with the V.O.N., Montreal. Helen Perry (P.H.N., 1943) has resigned from the Child Welfare Association and is now on the staff of the Women's Directory of Montreal.

SHERBROOKE:

The Sherbrooke Hospital recently sustained a severe loss in the death of Dr. John B. Winder, a member of the Medical Board for almost twenty-five years. Dr. Winder was not only a faithful doctor of medicine and a beloved friend but also a public spirited citizen. He served as Mayor of Lennoxville and was a constant crusader for the good of his community.

Official Directory

International Council of Nurses

Executive Secretary, Miss Anna Schwarzenberg, 310 Cedar Street, New Haven, Connecticut, U. S. A.

THE CANADIAN NURSES ASSOCIATION

President ..... Miss Marion Lindeburgh, 3466 University Street, Montreal, P. Q.
Past President ..... Miss Grace M. Fairley, 3606 West 33rd Avenue, Vancouver, B. C.
First Vice-President ..... Miss Fanny Munroe, Royal Victoria Hospital, Montreal, P. Q.
Second Vice-President ..... Miss Gertrude Hall, 212 Balmoral Street, Winnipeg, Man.
Honourary Secretary ..... Miss Rae Chittick, 815-18th Ave. W., Calgary, Alta.
Honourary Treasurer ..... Miss Marjorie Jenkins, Children's Hospital, Halifax, N. S.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals indicate office held: (1) President, Provincial Nurses Association; (2) Chairman, Hospital and School of Nursing Section; (3) Chairman, Public Health Section; (4) Chairman, General Nursing Section.

Alberta: (1) Miss Ida Johnson, Royal Alexandra Hospital, Edmonton; (2) Miss B. J. von Gruenigen, Calgary General Hospital; (3) Miss R. E. McClure, Clover Bar Health Unit, Qu'Appelle Bldg., Edmonton; (4) Miss N. Sewallis, 9918-108th St., Edmonton.

British Columbia: (1) Miss Margaret Kerr, Dept. of Nursing & Health, University of British Columbia, Vancouver; (2) Miss E. L. Nelson, Royal Jubilee Hospital, Victoria; (3) Miss T. Hunter, 4238 W. 11th Ave., Vancouver; (4) Mrs. E. B. Thomson, 1095 W. 14th St., Vancouver.

Manitoba: (1) Acting President, Miss A. McKee, 701 Medical Arts Bldg., Winnipeg; (2) Miss B. Seeman, Winnipeg General Hospital; (3) Miss E. Rowlett, 759 Broadway, Winnipeg; (4) Mrs. M. Reynolds, 20 Biltmore Apts., Winnipeg.

New Brunswick: (1) Sister Kerr, Hotel Dieu Hospital, Campbellton; (2) Miss Marion Myers, Saint John General Hospital; (3) Miss Muriel Hunter, Dept. of Health, Fredericton; (4) Mrs. M. O'Neal, 170 Douglas Ave., Saint John.

Nova Scotia: (1) Miss M. Jenkins, Children's Hospital, Halifax; (2) Sister Catherine Gerard, Halifax Infirmary; (3) Miss Jean Forbes, 412 Tower Rd., Halifax; (4) Miss M. Ripley, 46 Dublin St., Halifax.

Ontario: (1) Miss Jean I. Masten, Hospital for Sick Children, Toronto; (2) Miss Dora Arnold, Brantford General Hospital; (3) Miss M. C. Livington, 114 Wellington St., Ottawa; (4) Miss F. McKenzie, 73 Patricia St., Kitchener

Prince Edward Island: (1) Miss K. MacLennan, Provincial Sanatorium, Charlottetown; (2) Miss Anna Bennett, P.E.I. Hospital, Charlottetown; (3) Miss Ruth Ross, Summerside; (4) Miss Dorothy Greenan, 15 Grafton St., Charlottetown.

Quebec: (1) Miss Eileen Flanagan, 3801 University St., Montreal; (2) Rev. Soeur Décary, Notre Dame Hospital, Montreal; (3) Mlle Marie Cantin, 4352 St. Denis St., Apt 3, Montreal; (4) Miss Effie Killins, 3533 University St., Montreal.

Saskatchewan: (1) Miss M. R. Diedericks, Grey Nuns' Hospital, Regina; (2) Miss Ethel James, Saskatoon City Hospital; (3) Miss Mary E. Brown, 5 Bellevue Annex, Regina; (4) Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon.

Chairmen, National Sections: Hospital and School of Nursing: Miss Miriam L. Gibson, Hospital for Sick Children, Toronto, Ont. Public Health: Miss Lyle Creelman, 2570 Spruce St., Vancouver, B.C. General Nursing: Miss Madalene Baker, 249 Victoria St., London, Ont. Convener, Committee on Nursing Education: Miss E. K. Russell, 7 Queen's Park, Toronto, Ont.

General Secretary, Miss K. W. Ellis, National Office, 1411 Crescent St., Montreal, P.Q.

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Councillors: **Alberta:** Miss R. E. McClure, Clover Bar Health Unit, Qu'Appelle Bldg., Edmonton. **British Columbia:** Miss T. Hunter, 4238 W. 11th Ave., Vancouver. **Manitoba:** Miss E. Rowlett, 759 Broadway, Winnipeg. **New Brunswick:** Miss M. Hunter, Dept. of Health, Fredericton. **Nova Scotia:** Miss J. Forbes, 412 Tower Rd., Halifax. **Ontario:** Miss M. C. Livingston, 114 Wellington St., Ottawa. **Prince Edward Island** Miss R. Ross, Summerside. **Quebec:** Mlle M. Cantin, 4352 St. Denis St., Apt. 3, Montreal. **Saskatchewan:** Miss M. E. Brown, 5 Bellevue Annex, Regina.